

PRE-CONVENTION BULLETIN

CALIFORNIA MEDICAL ASSOCIATION—SIXTY-FIFTH ANNUAL SESSION CORONADO, MAY 25-28, 1936

Section 3 of Article XII of the California Medical Association Constitution states in part: "The Association, prior to the annual session, shall print a 'Pre-Convention Bulletin,' which shall contain reports of officers and committees. . . . A copy of the 'Pre-Convention Bulletin' shall be given to each delegate and alternate, on or before registration."

The following official reports* are to be presented at the coming session of the House of Delegates.

Delegates are urged to familiarize themselves with their contents.

Members, likewise, are requested to become familiar with the recommendations of these reports and discuss them with other members and delegates.

* * *

I

REPORTS OF GENERAL OFFICERS

REPORT OF THE PRESIDENT

To the Members of the House of Delegates and the Members of the California Medical Association:

Your organization has grown to such a size, with more than 5,400 medical men and women holding membership in forty component county society units, and the problems confronting your group have become so many and so complicated, that the average member, on assuming the presidency, must realize with humility and a feeling almost akin to dismay, the magnitude of the duties which beset him and the responsibilities attached to a position of such importance. He must realize that alone he can accomplish little—by his own unaided efforts little progress can be made.

It was with such a feeling of humility, and with such a sense of responsibility, that your president of 1935-1936 assumed the tasks of his office. In laying aside the honors of the office and in returning to the ranks of membership in his component county society, he hopes that he still retains the same humility and the same sense of responsibility. To these, to his great joy and peace of mind, has been added the satisfaction of having had the privilege of working with such willing, devoted helpers who have cooperated with him to the fullest extent during the entire term of office. Without their aid little or nothing could have been accomplished; with their willing, whole-hearted assistance, there has been, he believes, progress.

Therefore, your president wishes to pay his respects and record his gratitude to the president-elect, to the speaker and vice-speaker, to the secretary-treasurer, to the editor, to each and every member of the Council, and also to General Counsel Peart, for the large part they have played in making the burden of responsibility lighter and, in so many ways, helping him to carry out the duties of his office. He would like, also, to thank the members of the various committees, both standing and appointed, for the loyal, faithful and satisfactory manner in which they have carried on their work. Much of this work has been arduous, time-consuming, and at times carried on at personal financial loss; but it has been at all times well and cheerfully done. As an example, I could mention the labors of our past president, Doctor Toland, who as chairman of the Committee on Postgraduate Work and also as chairman of the California Medical Association San Diego Exposition Committee, has, with his coworkers, accomplished so much at so great an expenditure of time, thought and effort. This example is but an illustration of the splendid work of the committees in general, which space does not allow to be mentioned in detail.

* The reports are grouped as follows:

- I.—Reports of General Officers (p. 407).
- II.—Reports of District Councilors (p. 413).
- III.—Reports of Councilors-at-Large (p. 415).
- IV.—Reports of Standing Committees (p. 415).
- V.—Reports of Commissions, Special and Council Committees (p. 421).
- VI.—Addenda (p. 430).

Your president has visited each and every component county society. To accomplish this it has been necessary at times to have joint meetings of two or three societies; but the work has been accomplished with pleasure and profit, to your president at least, and he hopes to the membership at large. These visits were made in company with the secretary-treasurer, whose able assistance is hereby gratefully acknowledged. In each district he has had the company of the district councilor and, on many occasions, that of the councilor-at-large. At such times as were possible, the president-elect, the speaker, the chairman of the Council, and General Counsel Peart accompanied the others and gave their support and advice. In fact, as stated earlier in this report, every officer and councilor gave your president his entire cooperation, of which he is not a little proud and grateful.

The response by the membership to the call for meetings has been most gratifying. Without exception, the officers of the component county societies have cooperated in notifying the membership and arranging for meetings. In the informal chats following the meetings, the officers and members have displayed an intelligent and enthusiastic interest in organized medicine and in its problems.

These meetings, your president believes, have helped materially to acquaint the membership with the kind of democratic representative form of government which bears the name of the California Medical Association. He believes also that they have brought more closely before the membership the problems of organized medicine and the part each member must take in the solution of these problems. They have resulted, he hopes, in better organized, more compact solidarity of the profession and in a greater determination to act as a unit instead of as individuals in the protection of the rights and privileges of the profession, and of the individuals whom that profession serves.

During the past year there have been continuation and expansion of the series of postgraduate conferences of the previous year, the inauguration of Public Health Institutes, and the beginning of a compilation of a corps of speakers who will be available when needed to address lay groups. Contact has been made with the various governmental departments and bureaus, and with the various lay groups throughout the State. The first annual joint meeting of county society officers with State Association officers and councilors was held in San Francisco on January 18. The assembling of a great medical exhibit at the San Diego Exposition, under the auspices of the California Medical Association and the San Diego County Medical Society, has been completed and is at present on display in the Medical Science Building. Your Association, through the central office in San Francisco, has furnished throughout the year, to 250 newspapers, weekly news letters dealing with public health topics and allied subjects. In these and in many other ways, your Association has endeavored to provide intelligent leadership for both our medical confrères and the lay public.

It is to be hoped that these and similar activities will continue to progress and expand, to the end that the California Medical Association may retain its rightful place of leadership in everything pertaining to the health and welfare of the people of California, and in the promotion of the practice of sound scientific medical care by the members of the profession; and to the end that the members of the profession may enjoy that position in society and that state of prosperity to which, as cultured and well-trained men and women, they are entitled.

Your president has had a wonderful year. He has appreciated your cooperation, your courtesies and your hospitality. He is deeply grateful for the privilege and honor of holding such a distinguished office in this great medical society, which contains so many well-trained, devoted and unselfish doctors.

Respectfully submitted,
Robert A. Peers, *President*.

REPORT OF PRESIDENT-ELECT

To the President and the House of Delegates:

Your president-elect has, during the past year, attended all meetings of the Council, Executive Committee, and Trustees Of The California Medical Association, of which bodies he is, ex officio, a member. He has also attended many county society and other medical meetings with other officers of the Association.

Respectfully submitted,
Edward M. Pallette, *President-Elect*.

REPORT OF THE COUNCIL

The report of the Council will be read at the first meeting of the House of Delegates, and will be included in the minutes of the House of Delegates, to be printed in the July issue (the June issue being in press at the time of the annual session at Coronado).

REPORT OF THE SPEAKER OF THE HOUSE OF DELEGATES

To the President and the House of Delegates:

The Speaker has attended all meetings of the Council, Executive and Special Committees upon which he has been called to serve.

The 1936 session of the House of Delegates promises to be a very important one. Numerous important subjects will come before it. The Speaker urges every delegate to read the reports of officers and committees, and to orient himself as far as possible in regard to the Association and its problems. This will assure prompt and informed action by them, and an early adjournment.

Respectfully submitted,
W. W. Roblee, *Speaker*.

REPORT OF SECRETARY-TREASURER

To the President and the House of Delegates:

It is with genuine appreciation of the honor and privilege that I submit to your body my annual report for the year 1935, as secretary-treasurer of the California Medical Association.

I have condensed several of the sections of this report, because extended comments have been made during the year and are on record in the Minutes of the Council. In consequence, this report is, to a large extent, a summarization of the Association's fiscal year.

It is possibly not amiss to state at this time that the year so recently ended was characterized by several vital incidents that marked the year of 1935 as an epochal year—the ending of one era and the opening of another in the Association's history, by reason of events in our national and state communal socio-political and economic relationships and policies. And yet, withal, a year to which we may refer with justifiable pride as one in which this Association fulfilled its obligations to both the public and to members in a most commendable manner.

MEMBERSHIP

On January 1, 1935, the total membership was 5,169. On December 31, 1935, our membership was 5,402—a gain of 333, represented by the following county society affiliations:

County	1934 No. of Members	1935 No. of Members	Gain	Loss
Alameda	473	459	..	14
Butte	18	24	6	..
Contra Costa	43	44	1	..
Fresno	113	108	..	5
Humboldt	31	28	..	3
Imperial	23	24	1	..
Kern	48	46	..	2

County	1934 No. of Members	1935 No. of Members	Gain	Loss
Kings	18	18	..	..
Lassen-Plumas	10	11	1	..
Los Angeles	2,000	2,139	139	..
Marin	33	39	6	..
Mendocino	20	19	..	1
Merced	24	23	..	1
Monterey	46	46	..	..
Napa	27	30	3	..
Orange	107	109	2	..
Placer	29	31	2	..
Riverside	60	64	4	..
Sacramento	132	144	12	..
San Benito	5	5	..	..
San Bernardino	119	128	9	..
San Diego	227	236	9	..
San Francisco	775	809	34	..
San Joaquin	86	88	2	..
San Luis Obispo	25	26	1	..
San Mateo	49	51	2	..
Santa Barbara	99	103	4	..
Santa Clara	168	172	4	..
Santa Cruz	30	29	..	1
Shasta	11	11	..	..
Siskiyou	20	20	..	..
Solano	23	23	..	..
Sonoma	47	53	6	..
Stanislaus	38	41	3	..
Tehama	12	11	..	1
Tulare	37	37	..	..
Ventura	32	33	1	..
Yolo-Colusa-Glenn	25	25	..	..
Yuba-Sutter	11	13	2	..
Del Norte	..	5	5	..
Active Members—Total	5,094	5,325	354	28

	1934 No. of Members	1935 No. of Members	Gain	Loss
Active Members	5,094	5,325	254	28
Associate Members	6	6	..	..
Honorary Members	12	12	..	..
Retired Members	57	59	..	..
	5,169	5,402		
Net Gain for Year 1935			333	

MEMBERSHIP BY COUNCILOR DISTRICT

<i>First District</i>				
Imperial	..	24		
Orange	..	109		
Riverside	..	64		
San Bernardino	..	128		
San Diego	..	236		
		561		
<i>Second District</i>				
Los Angeles	..	2,139		
<i>Third District</i>				
Kern	..	46		
San Luis Obispo	..	26		
Santa Barbara	..	103		
Ventura	..	33		
		208		
<i>Fourth District</i>				
San Joaquin	..	88		
Fresno	..	108		
Kings	..	18		
Merced	..	23		
Stanislaus	..	41		
Tulare	..	37		
		315		
<i>Fifth District</i>				
Monterey	..	46		
San Benito	..	5		
San Mateo	..	51		
Santa Clara	..	172		
Santa Cruz	..	29		
		303		
<i>Sixth District</i>				
San Francisco	..	809		
<i>Seventh District</i>				
Alameda	..	459		
Contra Costa	..	44		
		503		
<i>Eighth District</i>				
Butte	..	24		
Yolo-Colusa-Glenn	..	25		
Lassen-Plumas	..	11		
Placer	..	31		
Sacramento	..	144		
Shasta	..	11		
Yuba-Sutter	..	13		
Tehama	..	11		
		270		

Ninth District

Del Norte	5
Humboldt	28
Marin	39
Mendocino	39
Napa	30
Siskiyou	20
Solano	23
Sonoma	53
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Comment.—Every credit must be given to the officers and membership committees of county societies for their efforts to secure the affiliation of eligible physicians. Twenty-two county organizations reflect a gain in membership, while eight show a loss of twenty-eight members; the net gain for the year, after deducting thirty-six deaths, is 228. A survey of eligible physicians warrants making an estimate that our Association can attain a maximum of 6,500 members. The effort will be made to secure that numerical enrollment. Our average is $83\frac{1}{3}$ per cent of eligible, desirable physicians in the State.

VISITS TO COUNTY SOCIETIES

In company with the president, president-elect, councilors, or alone, your secretary has attended meetings of the following county societies:

Alameda	Fresno
Los Angeles (Long Beach)	Tehama
San Luis Obispo	Napa
Placer	Siskiyou
Stanislaus (2)	Humboldt
Santa Barbara	San Bernardino
Sonoma	San Joaquin (2)
Butte	San Diego
Plumas	Santa Clara (2)
Del Norte	Marin (3)
Merced	Kern (2)
Sacramento (2)	Solano
Santa Rosa	Lassen
San Francisco (2)	Kings-Tulare
Sutter	Mendocino
Riverside	

These represent forty meetings. It has been a real pleasure to meet with these members, become acquainted with their local problems, and to discuss with them the policies and activities of the State Association; the end sought being to cause these members to realize that our Association has a direct personal interest in their welfare, and that they are an important factor in our State organization. In some localities we were informed that they had never been visited by a state officer. It can be assumed that these visits will eventuate in a more compact, united Association, reflecting greater achievements. In reflecting upon the year's activities, it can be stated that palpable evidence exists that there is a very pronounced increase in the interest members are revealing in their medical organizations. A better understanding exists. The value of membership affiliation is being appreciated more and more. Members are realizing that by unity of purpose and effort it is possible to exercise wholesome influences and power in science, social, political, and economic fields. The California Medical Association renders to its members and to the public a wide range of service that is for their common good.

Additional Meetings.—Your secretary has attended and addressed the following bodies:

San Francisco Y. W. C. A.
Pacific College Conference.
Santa Monica Hospital Association.
San Francisco Problems Group.
Wayne County Medical Society, Detroit, Michigan.
State Secretaries' Conference, Chicago, Illinois.
Seattle Medical Service League.
Portland Service League.
Six local Women's Auxiliary meetings.
State Auxiliary annual meeting.
Medical students at University of California and Stanford University.

Contacts.—Contacts have been made and maintained with the following:

Heads of Departments of State Government.
State Parent-Teachers Association.
Federation of Women's Clubs.
California State Chamber of Commerce.
American Legion.
Rotary Club.
State Forestry Department.
Federal Forestry Department.
United States Public Health Service.
Press Club.
"Time's" Pacific Coast Representative.
Associated Press.
Salvation Army.

While no attempt has been made to keep a record of lay correspondence, it is conservatively estimated that over a thousand lay communications have been received and answered. In each reply, information was given as to the functions and activities of our Association in order that a better understanding may be created in the public mind, and that the public will perceive the advisory service that is being rendered by the Association.

PUBLIC RELATIONS

While the Committee on Public Relations will submit a report to the House of Delegates, the following features are cited as a matter of record:

Public Health Institutes.
Lay Extension Lecture Bureau.
San Diego Fair.
Press releases to two hundred and fifty newspapers.
Bibliography for public libraries.

ANNUAL MEETING

The income from commercial exhibits defrayed all the expenses of the 1935 annual meeting, and earned a net profit of \$761.73. All arrangement details were supervised from the general office.

CALIFORNIA AND WESTERN MEDICINE

The duties related to our official publication may be summarized as follows:

Advertising sales \$23,816.50, an increase of \$1,370.50.
Obtaining contracts by personal solicitations, approximately \$1,400.
Addressing—Journal Saving, \$720.
Reprint-sales earnings, \$845.70.
Reduction of cost production, \$2,600.
Preparing copy on Association work for each issue.

A constant effort is being made to increase advertising sales. That an increase in these sales may be expected is evidenced by the nine and one-half pages of new advertising in the January and February issues. Your secretary desires to acknowledge gratefully the helpful assistance and suggestions given by the editor, Dr. George H. Kress, and to express appreciation for his courtesy and friendly consideration. The Association can be justly proud of its official publication.

ASSOCIATION ACTIVITIES

Monthly Letter.—By means of a monthly letter sent to officers of county societies, a closer contact and relationship has been maintained between the central office and the county units. It is quite essential that county officers shall be frequently reminded of the part they have in our programs and activities. A copy of all such communications is sent to every state officer and councilor for their information.

Secretaries' Conference.—The first annual conference of county secretaries was held on January 18, 1936. It is anticipated that desirable reactions will ensue, and that local secretaries will be inspired to fully meet up to the official responsibilities.

Committees.—All of the Association's office facilities and the services of the secretary and office personnel have been placed at the disposal of standing and special committees. In several instances, expense has been saved by mimeographing and writing reports in the central office. While this has at times taxed our resources, it has been a pleasure so to serve.

Medical Colleges.—Your secretary has addressed the senior and junior medical students of the University of California and Stanford University on the objects and functions of medical organizations.

Membership Records.—A "cardex" system of membership records was installed, and the Association now has a perfect membership file, giving full information about every member.

Membership Certificates.—As members paid their dues, a membership certificate, suitable for framing and display in reception rooms, was sent in lieu of pocket cards. Many favorable comments have been received. It is felt that desirable publicity for the Association has been obtained.

Reference Library.—A reference library on medical economics, public health, legislation and allied subjects has been established and is being enlarged. A bibliography of approved texts and articles was prepared and sent to public library librarians as a guide for public reading.

Headquarters Details.—No effort has been made to keep a record of the hundreds of persons seen in the office or the numerous telephone calls that are daily received. The office staff consists of four stenographers, three of whom devote their entire time to Association work. I desire to record appreciation for their loyalty and willingness to give extra time to meet the demands of office operations.

POSTGRADUATE CONFERENCES

The Association recognized its responsibility to provide opportunity for its members to pursue postgraduate work. The Special Committee has prepared a curriculum of courses and clinical demonstrations for councilor districts. These are being developed and extended. It is planned eventually to perfect a definite schedule and to outline a program of work that should be embraced by every member during a given period. A certificate of postgraduate study will be given to every member completing the course.

Appreciation is tendered to the medical department of the University of California for its willing readiness to merge the postgraduate program established by that institution with that of our Association.

FINANCIAL REPORT

The auditor's report is appended, and imparts a certified statement covering all details of our financial operations. The year just ended was one in which important questions and problems made a heavy drain upon Association funds. The operating loss for the year would have been some \$11,000 larger had office and administration economies not been inaugurated and earning income increased.

It is incumbent upon the Council to make specific recommendations regarding the financial expenditures of the Association to the House of Delegates.

RECOMMENDATIONS

The following recommendations are tendered:

1. That travel expenses of the President and President-elect be authorized.
 2. That a study be made of the Scientific Sections looking toward their reorganization. This is apparently desirable for the purpose of holding our annual meetings in localities that will afford more satisfactory accommodations and auditoriums.
 3. That all financial transactions be done through one designated bank.
- That the Council recommend to the House of Delegates that the Council be authorized to formulate and adopt a financial budget for the Association's fiscal year in place of the Association year.

IN CONCLUSION

Your secretary has endeavored to carry out the specific instructions of the House of Delegates and the Council in spirit and to the letter, as well as to administer the affairs of the Association in an efficient manner. The quest has ever been to be of every possible service regardless of time or place requisite to comply with instructions and requests. During the past fourteen months, I have been absent from the office approximately fourteen days in one- and three-day periods, on personal business and affairs.

Lastly, I desire to express a very genuine appreciation for all the consideration and courtesies shown to me and for the manifested confidence that was reposed in me. I am, therefore, sincerely grateful for both the opportunity and privilege to serve the Association and its members.

Respectfully submitted,

Frederick C. Warnshuis, *Secretary-Treasurer.*

BALANCE SHEET

CALIFORNIA MEDICAL ASSOCIATION
At the close of business, December 15, 1935

ASSETS	
<i>Cash</i>	
On hand	\$ 50.00
On deposit:	
Commercial accounts:	
Bank of America, N.	
T. & S. A.	\$ 1,000.53
Wells Fargo Bank &	
Union Trust Co.	595.31

Savings accounts:	
Anglo-California National Bank	893.05
Wells Fargo Bank & Union Trust Co.	342.69
	<u>\$ 2,831.58</u>
	\$ 2,881.58
<i>Accounts Receivable</i>	
Journal advertisers	\$ 3,342.40
Loss: Allowance for doubtful	\$ 235.46
	<u>3,106.94</u>
<i>Other Assets</i>	
Deposit	\$ 75.00
Accrued interest on savings accounts	11.25
	<u>86.25</u>
<i>Permanent</i>	
Furniture, fixtures and office equipment—At nominal value	1.00
<i>Deferred</i>	
Salaries	\$ 416.66
Rent paid in advance	411.00
	<u>827.66</u>
<i>Deficit</i>	
Balance, December 15, 1935	26,968.20
	<u>\$33,871.63</u>
LIABILITIES	
<i>Accounts Payable</i>	
Loans from Trustees of the California Medical Association	\$31,000.00
Advertising Commission..	227.40
	<u>\$31,227.40</u>
<i>Deferred Income</i>	
Exhibit space paid in advance	\$ 350.00
Dues paid in advance	300.00
	<u>650.00</u>
<i>Morris Herzstein Bequest</i>	
Unexpended balance of income	1,994.23
	<u>\$33,871.63</u>

(NOTE A) The Association had beneficial interest at December 15, 1935, in all of the net assets of Trustees of the California Medical Association. The Balance Sheet of that Corporation as of that date showed net assets of \$82,198.10.

(NOTE B) This Balance Sheet is subject to the appended comments and should be read in connection therewith.

SURPLUS—DEFICIT CALIFORNIA MEDICAL ASSOCIATION December 15, 1935

<i>Surplus, December 31, 1934,</i> as shown by report	\$ 1,200.92
CHARGES	
Net loss from operations for the period from January 1, 1935, to December 15, 1935, as shown by statement of income and expense:	
Association Division—	
Loss	\$31,723.91
Journal Division—	
Gain	5,940.68
	<u>\$25,783.23</u>
Write-down of furniture, fixtures and office equipment to nominal value of \$1.00	3,067.28
	<u>\$28,850.51</u>
CREDITS	
Reimbursement of expenses paid in prior years for:	
Trustees of the California Medical Association	\$ 494.51
Indemnity Defense Fund of the California Medical Association	186.88
	<u>681.39</u>
	<u>\$28,169.12</u>
<i>Deficit, December 15, 1935,</i> as shown by this report....	\$26,968.20

INCOME AND EXPENSE—ASSOCIATION DIVISION CALIFORNIA MEDICAL ASSOCIATION

For the period January 1, 1935, to December 15, 1935

Income		
Membership dues	\$53,250.00	
Loss: Allocated to Journal	15,894.50	
		\$37,355.50
Exhibits at annual meeting		2,859.17
		\$40,214.67
Expenses		
Salaries	\$14,662.25	
Committee appropriations and expense, public relations, etc.	35,775.59	
Legal expense	4,467.14	
Travel	3,490.24	
Publications and subscriptions	2,597.50	
Rent	2,363.25	
Annual meeting expense	2,097.44	
Office supplies and expense	1,596.02	
Delegates—American Medical Association Convention	1,270.50	
Office equipment expense	1,178.44	
Postage	625.83	
Telephone and telegraph	334.01	
Miscellaneous	1,930.27	
		72,388.48
		\$32,173.81
Other Income		
California Medical Society—Rent	\$ 600.00	
Interest earned	26.49	
Miscellaneous	1.99	
		\$ 628.48
Less: Other Deductions		
Adjustment of accounts receivable	\$ 91.25	
Interest paid	87.33	
		178.58
		449.90
Loss—Association Division		\$31,723.91

INCOME AND EXPENSE—OFFICIAL JOURNAL DIVISION

CALIFORNIA MEDICAL ASSOCIATION

For the period January 1, 1935, to December 15, 1935

Income		
Advertising	\$23,816.50	
Allocation of dues	15,894.50	
Subscriptions	673.70	
		\$40,384.70
Expense		
Salaries	\$ 7,436.59	
Production	22,387.57	
Commissions	3,304.40	
Distribution	1,158.71	
Rent	787.75	
Office supplies and expense	795.26	
Collection expense	128.56	
		35,998.84
		\$ 4,385.86
Other Income		
Recoveries on accounts previously written off	\$ 544.12	
Income from Reprints	845.70	
Sale of Review Books	165.00	
		1,554.82
Gain—Journal Division		\$ 5,940.68

REPORT OF THE EDITOR

To the President and the House of Delegates:

The editor's report on papers received, printed, awaiting publication or declined, is as follows:

(a) Report on papers of the annual session at Yosemite, May 13 to 16, 1935:

At last year's annual session a total of 160 papers were read before the general meetings and different sections. A summary of the disposition of the papers read at last year's annual session is as follows:

Yosemite annual session papers published in 1935	28
Yosemite annual session papers published in 1936	15
Yosemite annual session papers, read but published elsewhere, declined or not sent in	72

Yosemite annual session papers in CALIFORNIA AND WESTERN MEDICINE files still awaiting publication (annual session papers in this April issue to be deducted)

45

Total annual session papers read at Yosemite

160

(b) Report on all special articles which have been printed in CALIFORNIA AND WESTERN MEDICINE during the period April, 1935 to April, 1936 inclusive:

Special and original articles which were published in CALIFORNIA AND WESTERN MEDICINE during the past year (April, 1935 to April, 1936 inclusive) are as follows:

Section papers from annual session at Riverside, 1934 ..	19
Section papers from annual session at Yosemite, 1935 ..	37
Papers read before general session at Yosemite, 1935 ..	5
Lure of Medical History articles	12
Papers from Nevada State Medical Association meetings	2
Papers read before county and other medical societies ..	4
Papers accepted from miscellaneous sources (original articles, abstracts of speeches, reprints from other publications, etc.)	38
Clinical Notes and Case Reports	36
Editorials	58
Editorial Comment articles	27
Bedside Medicine symposia	12

Total papers published during past year

250

(c) Report on manuscripts in CALIFORNIA AND WESTERN MEDICINE files and awaiting publication in April, 1936, and later issues:

Unpublished papers from annual session at Yosemite ..	45
Unpublished papers from Nevada State Medical Association meetings	1
Unpublished papers read before county and other societies	3
Unpublished papers not read before other societies	12
Lure of Medical History articles	3
Clinical Notes and Case Reports	18
Editorial Comment articles	10
Bedside Medicine symposia	5

Total manuscripts on hand awaiting publication ..

97

(d) Report on non-annual session papers submitted:

A total of forty-one papers from county societies and other sources, which were submitted for publication in CALIFORNIA AND WESTERN MEDICINE during this past fiscal year (April, 1935 to April, 1936 inclusive) could not be accepted for various and special reasons.

Non-annual session papers submitted, but declined

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The increase in the number of papers read at the previous annual session, but still awaiting publication, is accounted for in the fact that, during the last year, the extra space demanded properly to explain pressing organization policies and needs, left less room than usual for the scientific contributions. It is true that this list of unpublished manuscripts could be materially reduced if fewer annual papers were accepted. However, it has been the view of the editor and the publication committee that at least 50 per cent of the papers read at an annual session should be printed, if possible, in the official journal of the California Medical Association. Another method of holding down the list of unpublished annual session papers would be to refuse all other contributions from component county societies and miscellaneous sources; but such a policy would detract from the interest of CALIFORNIA AND WESTERN MEDICINE, because it would prevent the acceptance of not a few articles of immediate or important or special interest.

In view of the existing circumstances, it would seem advisable that the House of Delegates recommend a temporary increase in the size of the JOURNAL, for several issues, to permit the early publication of the Yosemite papers still awaiting publication. If this is not done, the same dilemma will face us at next year's annual session, in connection with papers to be read at this coming Coronado session of May, 1936.

At the conference of county society secretaries, held in San Francisco on January 18, 1936, as recorded on page 212 of the March issue, the editor commented in some detail on the problems of the official journal and the manner in which its work was carried on. On that account, the problems there discussed will not be considered in this report.

It is pleasing to note that during the last year a material reduction was secured in printing costs through the generous coöperation of the Barry Company, who have

printed the official journal from the time it was founded in November, 1902. In conference, the Barry Company authorized the editor to inform the Council that they would reduce their charges to the very lowest sum, consistent with good printing, thus creating a saving of about \$2,600 annually.

The improvement in business throughout the country has also been reflected in an increase in the number of advertisements, thus decreasing the bookkeeping deficit from that source, which had been so much in evidence during the last six years.

The federal postal regulations provide that all magazines having the status of official publications of organizations must have a definite subscription price. In the "prosperity days" prior to 1929, that price was set by the Council at \$2 per member, but this proved, in the more recent years, to be a sum quite insufficient to cover the expense of producing and printing CALIFORNIA AND WESTERN MEDICINE, in which advertising income was so greatly lessened. The Council, therefore, a few months ago made the rate of subscription for California Medical Association members three instead of two dollars, and allocated funds on that basis. As a consequence of this action and an increase in the advertising income, there is now at the end of this year a bookkeeping profit, just as in late years there was a bookkeeping deficit. The California Medical Association, in common with other state medical associations, is committed to the publication of an official journal, and its net cost, in so far as an allocation of moneys from dues of members is concerned, must be the difference between the total expense of the JOURNAL and the total income from advertising, upon which amount the real subscription price would be based on that difference. The federal regulations, however, make it necessary to set in advance a subscription rate, and this naturally may either be in excess or below the actual amount needed, as previously noted. These explanatory comments are made for members who are, of course, not familiar with these matters and who may have had some difficulty in understanding the supposed (bookkeeping) deficits and profits of the official journal.

As in previous years, your editor wishes to thank the many members who have submitted the articles, and also those who have responded with special papers when called upon. The cordial coöperation, too, of contributors and of the Council has added greatly to the pleasure incident to the work of editorship.

Respectfully submitted,

George H. Kress, *Editor*.

REPORT OF THE LEGAL DEPARTMENT

To the President and the House of Delegates:

Since the adjournment of the House of Delegates at Yosemite May 16, 1935, the legal department of the Association has dealt with a number of major propositions.

Legislative.—Memoranda and opinions were prepared regarding pending legislative measures. Opinions were also prepared as to the constitutionality, validity, and meaning of a number of bills which passed the legislature and became statutes. Amendments were prepared drastically amending Senate Bill 471, which undertook to create a new form of insurance, to wit: medical and hospital insurance. These amendments were forwarded to the chairman of the Legislative Committee, and were subsequently adopted by the Assembly, whereupon Senate Bill 471 was allowed to die on the files. During the year a great deal of work was done assisting the special committee charged with the preparation of the proposed qualifying certificate act.

Anesthesiology.—At the direction of the Council and on request of the specialists involved, this department undertook the responsibility of prosecuting the appeal to the Supreme Court of California in the case of *Dr. Chalmers-Francis and others vs. Dagmar A. Nelson and the St. Vincent Hospital*. The matter was handled in coöperation with Attorney LeRoy Anderson, representing the specialists. Exhaustive briefs were filed and a motion to dismiss

the appeal of Doctor Chalmers-Francis and his associates was successfully resisted. This case is now under submission, and a decision can be expected at any time,

Corporate Practice.—At the direction of the Council, we appeared as *amicus curiae* before the Superior Court at San Francisco in the case of *Pacific Employers' Insurance Company vs. The Insurance Commissioner*, a proceeding to compel the Insurance Commissioner to approve certain insurance policies. These insurance policies, while on their face providing for cash indemnity for illness and accident, were, nevertheless, by virtue of clauses contained in the application for the policy, in effect agreements for the furnishing of the services of physicians. The case was lost before the Superior Court, and the Attorney-General took an appeal. We again, in collaboration with Mr. A. J. Kennedy, counsel for the dental associations, and Mr. A. B. Bianchi, one of the attorneys for the State Bar, appeared and submitted briefs as *amici curiae* on the appeal. The District Court of Appeal, in deciding the case, held that:

"Before setting forth the terms of the policies, it may be stated that it is well settled that neither a corporation nor any other unlicensed person or entity may engage, directly or indirectly, in the practice of certain learned professions including the legal, medical, and dental professions . . . (citing cases) . . . Under the foregoing authorities it is clearly declared unlawful for a corporation to indirectly practice any of said professions for profit by engaging professional men to perform professional services for those with whom the corporation contracts to furnish such services. In other words, said authorities declare that said professions are not open to commercial exploitation, as it is said to be against public policy to permit a 'middleman' to intervene for profit in establishing the professional relationships between the members of said professions and the members of the public. (*Hightower vs. Detroit Edison Co.*, 247 N. W. 97.)"

It is interesting to note that the amendments which this department prepared to Senate Bill 471, and which were adopted by the Assembly of the State Legislature, were commented on by the District Court of Appeal in the following language:

"Petitioner discusses at some length the social and economic need for health insurance. We assume that petitioner refers to compulsory health insurance or some form of health insurance similar to that offered in petitioner's policy, as health insurance policies are now provided for under the above-mentioned act. It is a matter of common knowledge that the general subject of health insurance has provoked much discussion in recent years, and it is also a matter of common knowledge that there is a great diversity of opinion concerning this subject. There are those who believe that the time has come when the rules so firmly established by the authorities above cited should be changed or modified in certain respects. We do not feel called upon, however, to discuss this question, for if the established rules are to be changed or modified, we deem it to be the province of the legislature rather than the courts to determine when, to what extent, and under what conditions and restrictions, the change or modification should be made. In this connection, it is of interest to note the legislative history of Senate Bill No. 471, introduced at the 1935 session of the legislature, as shown by the legislative journals of which we may take judicial notice. (*French vs. Senate*, 146 Cal. 604.) Said bill was apparently introduced for the purpose of legalizing the type of insurance provided by the policy before us. In the Assembly Journal of May 23, 1935, at page 22, it appears that the Assembly amended the bill to eliminate all reference to dentistry. In the Assembly Journal of June 12, 1935, at pages 42 to 46, it appears that the bill was amended to eliminate all reference to medicine, and the following was added: '*This chapter shall not authorize and nothing in this chapter shall be construed as authorizing any corporation or any insurer licensed hereunder or any person other than a holder of a valid and unrevoked physicians and surgeons' certificate to practice medicine and surgery directly or indirectly or to furnish professional services of physicians and surgeons.*' The bill was thereafter permitted to die on the files without being brought up for final passage. It thus appears that the legislature was not yet prepared to change or modify the established rules prohibiting the corporate practice of medicine and dentistry." (Italics supplied)

This case for the first time establishes in a court of record in California that a corporation cannot practice medicine any more than it can practice law or dentistry.

County Hospitals.—A third case of primary importance which engaged the department's attention during the year is that of *Goodall et al. vs. Brite et al.*, the Kern County hospital case, in which the taxpayer physicians first secured an injunction from Superior Judge Van Zante, from which the supervisors appealed. The District Court of Appeal, Fourth Appellate District, affirmed the decision. The following paragraph from the court's opinion indicates its reasons for deciding in favor of the taxpayers:

"In approaching this question it should be borne in mind that the record establishes the fact that there are excellent privately owned hospitals in Kern County with sufficient facilities to care for those who can pay for their care and treatment. It seems, therefore, that the question is not so much the preservation of the health and general welfare of the financially able citizens of the county as it is one of the preservation of their private resources. If a patient can be given the same and equally efficient care and treatment in a private hospital that he can receive in the county institution, his choice of a hospital does not determine his chances of recovery, but merely the amount he must pay to be healed, and whether he will pay the established charge of a private institution, or nothing, or the small donation hoped for by the county hospital. The preservation of the health and general welfare of the citizens of the county is a question of the prevention and cure of disease generally, and not the accomplishment of these ends by any particular means or in any particular institution. We, therefore, conclude that the admission and treatment of patients in the county hospital who, either themselves or through legally responsible relatives, can provide themselves with equally efficient care and treatment in private institutions does not promote the health and general welfare of the citizens of Kern County and is not a proper exercise of the police power of that county and results in the use of public money for private purposes."

The supervisors of Kern County, with the supervisors of eleven other counties appearing by *amicus curiae*, petitioned the Supreme Court for a hearing. March 30, 1936, the Supreme Court denied this petition.

The Association of California Hospitals, through their counsel, Messrs. Music, Burrell & Churchill, wrote excellent *amici curiae* briefs, and through Mr. Churchill appeared at the argument in the District Court of Appeal. An initiative is now being circulated for signatures to nullify this ruling.

Physicians' Defense and Indemnity Insurance.—The committee on this subject has done a great deal of work during the year, and the legal department has advised with the committee at its meetings and assisted in the preparation of its report to the Council. As the committee's report will deal fully with this subject, this report will not be extended by further mention of the matter.

Disciplinary Procedure.—A great deal of time and study has been given by the committee charged with the preparation of this proposed new by-law, and the legal department has endeavored to do its part of this work. As the committee's report will deal fully with this subject, the matter will not be discussed here.

Exemption from Capital Stock and Income Tax.—During the year a ruling has been obtained from the Treasury Department of the United States, holding that the Trustees Of The California Medical Association and the California Medical Association are not subject to the federal capital stock tax or income tax.

Miscellaneous.—During the year opinions of considerable interest have been requested and furnished dealing with such subjects as compensation for expert testimony, effect of city ordinances regarding examination of school children, disciplinary procedure under the constitutions and by-laws of several component county societies, the power of cities to impose license taxes on physicians; papers and articles with reference to libel have been examined and opinions rendered thereon; advice and assistance has been given in the preparation of constitutions and by-laws of two component county societies; the usual attendance at meetings of the Council, Executive Committee and other standing committees, has obtained throughout the year.

Respectfully submitted,

Hartley F. Peart, *General Counsel.*

II

REPORTS OF DISTRICT COUNCILORS

FIRST COUNCILOR DISTRICT

San Bernardino, San Diego, Riverside, Orange, and Imperial Counties

To the President and the House of Delegates:

The first six months of my councilorship have been very busy and interesting. They have been busy, as I have attended all meetings of the Council whether called for San Francisco or Los Angeles. Riverside County Society has been visited twice; Orange County Society has been visited two times. Imperial and San Diego County societies have each had a visit. The home county has not been overlooked. The personal acquaintances and contacts in the different societies have greatly increased, and will make for efficient and pleasant conditions in the future.

It has been interesting to meet these men and know that they are not more interested in their own welfare than they are to see that nothing may prevent the patient receiving other than adequate and efficient care. The county membership, whether large or small, has been very cordial, and all members present a solid front for the advance of matters pertaining to medicine and surgery.

Each county in the First Councilor District is planning on a postgraduate conference this spring. These meetings were so well attended last year that it is necessary to repeat. Riverside plans a meeting for March 23, San Bernardino, April 7; Orange and Imperial have not announced a time of meeting.

Every secretary of the First Councilor District was in attendance at the Secretaries' Conference held in San Francisco last month. It was a profitable meeting, and should be continued in the years to come.

Respectfully submitted,

Calvert L. Emmons, *Councilor,*
First District.

SECOND COUNCILOR DISTRICT

Los Angeles County

To the President and the House of Delegates:

During the past year much has been done to consolidate our position in Los Angeles County. In the past several years there has been a gradually increasing interest shown by the members of the Association in the work which their organization is trying to do, and a greater appreciation of the importance of organization and of organized effort looking to a solution of the many economic, social and professional problems which are facing us. The most dangerous force operating against medicine is not represented by those well-financed lay groups seeking the regimentation of the profession, nor the superintendental proponents of antivivisection, nor in the organized attacks of the untrained for equal professional status, but in the inertia within the ranks of medicine itself.

The campaign which has been waged by the county and state organizations to combat this inertia is showing increasing results. There is manifest a greater readiness on the part of the individual member to accept responsibility and to bear a part in the activities of the Association.

As the secretary of the Los Angeles County Medical Association recently stated, "The past year has witnessed little of the unwarranted, unconsidered, destructive criticism that, before this present time, was accepted as a most undesirable yet strikingly inharmonious motif in the design of the fabric of medical organization."

In all this work, the Association's building and its facilities have been a very potent factor making for good fellowship and serving to increase the number of contacts which the Association makes with the profession and the public.

As a result, we now are better prepared to meet the never-ending series of issues, many of which are and will continue to be inimical to the very existence of the profession.

Respectfully submitted,

C. R. Howson, *Councilor,*
Second District.

THIRD COUNCILOR DISTRICT

Kern, San Luis Obispo, Santa Barbara and Ventura Counties

To the President and the House of Delegates:

The hospital situation in Kern County continues to hold the center of the stage in the Third District, and the report on its present status will be given by our legal department. It is again a pleasure to report that the members of the Kern County Society are maintaining their solid front in their fight against intolerable conditions. If all our component societies would pull together as does Kern, we could face our coming economic problems with confidence.

The visits of our president and secretary to the San Luis Obispo, Kern, and a joint meeting of the Santa Barbara and Ventura county societies, were found to be of greater importance than we at first expected. As a result an understanding of the value of the State Association has been given to the rank and file of our membership such as they have never had before, and this has proven of inestimable value, both to them and to the Association. A marked increase in the individual interest has been noted since these meetings.

Respectfully submitted,
Henry J. Ullmann, *Councilor,*
Third District.

FOURTH COUNCILOR DISTRICT

Fresno, Madera, Kings, Tulare, Merced, Mono, Mariposa, Inyo, Calaveras, San Joaquin, Tuolumne, and Stanislaus Counties

To the President and the House of Delegates:

Your councilor of this district has had a busy year, and feels he has learned a good deal about the activities and duties of a councilor, and much about the problems of the county societies of the district. All of the Council meetings have been attended. Every society has been visited once or more, and many meetings were combined with a visit by President Peers and Secretary Warnshuis.

Committee work, involving a state-wide study of tax-supported hospitals and medical service, has made much demand on the time of this councilor, but has offered an opportunity for important service to the entire profession of the State.

The Councilor feels that the California Medical Association membership of this district is active and wide-awake on the many questions that need an answer from our profession.

The promotion of voluntary hospital insurance has been approved by the Fresno County Society, where also an adaptation of the Alameda plan is making a promising showing. Much interest in means to curb the abuse of county hospital service has developed.

The duties of the physician, as a citizen, to assume leadership in the efforts to solve medical and hospital problems for the greatest public good, as well as for his own protection, are receiving much merited consideration.

At Modesto, Stanislaus County Society offered a postgraduate course as sponsored by the California Medical Association. This course was well attended, and was open to members of adjoining societies. Other such courses are being promoted in the district.

An alert, harmonious membership, which includes nearly all of the eligible licentiates in this district, augurs success in the attainment of higher professional accomplishments, and the solution of our many social-economic problems.

Respectfully submitted,
A. E. Anderson, *Councilor,*
Fourth District.

FIFTH COUNCILOR DISTRICT

Monterey, San Benito, San Mateo, Santa Clara, and Santa Cruz Counties

To the President and the House of Delegates:

The county societies in the Fifth Councilor District, with the exception of one, have had an active year. Unfortunately, I was unable to attend the meeting at which President Peers and Secretary Warnshuis visited the Santa Clara County Society. However, their meetings with the Monterey and Santa Cruz county societies were an inspiration to the members and were well attended.

The postgraduate program at the Santa Clara County Hospital on January 29 was interesting and instructive, but, unfortunately, poorly attended.

From information gained, I believe there will be a larger attendance at the annual meeting in Coronado from this district than in the past.

Respectfully submitted,
Alfred L. Phillips, *Councilor,*
Fifth District.

SIXTH COUNCILOR DISTRICT

San Francisco County

To the President and the House of Delegates:

The San Francisco County Society has laid the groundwork for future progress by careful study of the many local and state problems which are so vital to the life of organized medicine and to the welfare of the individual members.

There is a greater desire for close coöperation than ever before. Following the leadership of Dr. J. C. Geiger, Dr. P. K. Gilman will do much to consolidate gains made in the past year, and will lead on to even better understanding of our problems and of one another.

The present great problem is the same that we have had with us for the past few years—hospital and health insurance. Our present attempt is to find a means of hospital insurance which will be acceptable to the hospitals and yet protect the practice of medicine.

Respectfully submitted,
Karl L. Schaupp, *Councilor,*
Sixth District.

SEVENTH COUNCILOR DISTRICT

Alameda and Contra Costa Counties

To the President and the House of Delegates:

Alameda County is still working on her hospitalization plan and hopes to have something definite to report soon. The plan is entirely under the guidance of organized medicine and the accredited hospitals of the East Bay.

Respectfully submitted,
O. D. Hamlin, *Councilor,*
Seventh District.

EIGHTH COUNCILOR DISTRICT

Alpine, Amador, Butte, Colusa, El Dorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo, and Yuba Counties

To the President and the House of Delegates:

All of the component county medical societies in the Eighth District of the California Medical Association have been visited one or more times during the past year. At these meetings the councilor has endeavored to report to the societies all matters of importance relative to the actions taken by the Council, and to bring to their attention such other matters as were deemed advisable relative to the findings of added interest in organized medicine.

The councilor accompanied President Peers, Secretary Warnshuis, Councilor Rogers, Attorney Peart and his associate, on their tour of visits to the societies in the Eighth District, and he was particularly pleased with the reception of the State Association officers by the component societies; also the extreme interest shown in matters brought to their attention incident to this visit. Special arrangements were made for meetings in order to accommodate the itinerary of President Peers. The meetings were well attended. A very keen interest is being shown by the membership in matters economical and political which bear a direct influence upon our State organization. Membership drives have been carried on, and practically all of the eligible physicians and surgeons in the various communities have accepted membership in their regional societies. Much has been accomplished, I am sure, by the frequent contacts between the councilor and the various societies, and it has become manifest that such interests must be constantly stimulated by the State Association officers representing them in the executive body.

Much interest was shown in matters pertaining to hospital and medical service plans, hospitalization in tax-supported hospitals, and medical legislative problems.

It was particularly gratifying to note at the Secretaries' Conference that we had a 100 per cent attendance from the Eighth District.

Respectfully submitted,
C. E. Schoff, *Councilor,*
Eighth District.

NINTH COUNCILOR DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma, and Trinity Counties

To the President and the House of Delegates:

A brief report of the medical societies' activities in the Ninth Councilor District during the year 1935 is submitted:

During the past year and since the submission of the pre-convention report for 1934, I have made councilor visits to all the county medical societies in this district, and to most of the societies repeated visits have been made in order to inform them of the work of the Council and the activities of organized medicine in California.

As previously reported in CALIFORNIA AND WESTERN MEDICINE, the Lake County Society held their meeting at Clear Lake Lodge on August 4, at which time their charter was presented to them.

On October 19, 20, 21, and 22, Doctor Peers and Doctor Warnshuis made their official visits to the medical societies of the northern part of the State. On this trip I was the guest of Doctor Schoff at meetings held in Marysville and Chico in the Eighth District. There was a joint meeting held at McCloud on October 20, with members from Shasta, Trinity, Lassen, Plumas, Modoc, and Siskiyou county societies, a combination of societies from both the Eighth and Ninth districts. Present also, were visitors from Medford, Oregon and San Francisco.

The interest that the physicians of these counties take in the California Medical Association is shown by the fact that these men all drove distances of from 35 to 180 miles to this meeting. Doctor Schoff and Mr. Peart returned to San Francisco after the meeting at McCloud, as they were unable to attend the meetings at Crescent City and Eureka, held on October 22.

The meeting at Crescent City was held with the physicians of Del Norte County at noon, and the evening meeting was held at Eureka, with Humboldt County physicians present. These were all special meetings, held to receive our president, Doctor Peers, and they were well attended and instructive to the members and the State officers.

Interest in organized medicine is steadily growing among the physicians of this district. Members are visiting adjacent county meetings. A spirit of good fellowship is being exemplified, and personally I am very proud of the medical societies in the Ninth District.

Respectfully submitted,
Henry S. Rogers, *Councilor,*
Ninth District.

III

REPORTS OF COUNCILORS-AT-LARGE

To the President and the House of Delegates:

The recent meeting of the county society secretaries at San Francisco was probably the greatest affair of the California Medical Association during the past year. Such meetings will undoubtedly help to weld the State Association into one solid mass.

Every opportunity is being taken to inform the local membership on important points.

The local societies should be more careful in their selection of delegates.

Respectfully submitted,
C. O. Tanner, *Councilor-at-Large.*

To the President and the House of Delegates:

As one of your councilors-at-large, it has not been my privilege to visit many of our component county units, but in the ones I have visited, it seems to me, the members are taking more interest in the Association, as a whole, and their drive for new members is having its results. I believe this renewed interest is due principally to the

efficient work of our secretary, Doctor Warnshuis, and the splendid coöperation of our past and present Presidents Doctors Toland and Peers. This Association is to be congratulated for having secured the services of such a well-qualified colleague for the position as Secretary.

I also want to comment on the high standard and quality of our journal, CALIFORNIA AND WESTERN MEDICINE. The Association is very fortunate in having the services of such an able editor. While the Council spent a lot of the Association's savings the past year, and some of us were not in sympathy with the cause, it was done by the order of the House of Delegates, and we hope it has done some good in educating our members.

Respectfully submitted,
W. H. Kiger, *Councilor-at-Large.*

To the President and the House of Delegates:

During the past year, as councilor-at-large, I have served as chairman of the Council and, in addition to the duties incident thereto, I have endeavored to discharge the following assignments:

1. Member of the Committee of Six, created by the special session of the House of Delegates at Los Angeles March 2-3, 1935.

2. The presentation of the case for the California Medical Association in the matter of the Ross-Loos appeal before the Judicial Council of the American Medical Association at Atlantic City on June 7, 1935.

3. Delegate from the California Medical Association to the 1935 annual session of the House of Delegates of the American Medical Association at Atlantic City, June 10-14, 1935.

In addition to these duties, during the past year I have addressed two lay meetings in an attempt to present the present status of health insurance in California and its possible future in California and to show the apparent impossibility of obtaining satisfactory compulsory health insurance laws in the State, not alone from the standpoint of medicine, but from that of the public also.

This year completes a three-year term as councilor-at-large, and in making this report I should like to stress the point that the Association, in the matters of legislative program, malpractice insurance, health and hospital insurance, and the attempt by hospitals to divide medicine into so-called professional and technical fields, is confronted by major problems that require the most earnest consideration, and in my opinion, for the protection of the future practice of medicine, some positive action by organized medicine.

Respectfully submitted,
T. Henshaw Kelly, *Councilor-at-Large.*

To the President and the House of Delegates:

Your councilor-at-large has attended all meetings of the Council and many meetings of committees. One trip to San Luis Obispo was made on invitation of that county society to meet with it.

Respectfully submitted,
Morton R. Gibbons, *Councilor-at-Large.*

IV

REPORTS OF STANDING COMMITTEES*

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Executive Group

William J. Kerr, Chairman, 1938
William H. Geistweit, 1936 John V. Barrow, 1937

To the President and the House of Delegates:

The only matters brought to the attention of this committee concern the Woman's Auxiliary. They are developing an active and efficient organization which should be of great value in the cause of medical science and practice. The wives of physicians are in the position of interpreters to the public. The Medical Association should

* Members of Standing Committees are urged to meet during the annual session and organize for the coming year, and to hold at least one regular meeting of their respective committee during the annual session.

profit by suggestions from this enthusiastic and loyal group, and should encourage them to originate suggestions.

We would like to suggest that our committee have an opportunity to meet with the other committees of the Society to discuss matters of common interest, either at the time of the annual meeting of the California Medical Association or at some other time convenient to all concerned.

It would seem that the Woman's Auxiliary should exert an influence in the assembly districts, and cooperate with the several county medical societies to bring matters of importance to the attention of the public, not only at the time of elections, but at all times. It is suggested that the cooperation of physicians could be secured to send information to their patients in cooperation with the medical societies and the Woman's Auxiliary.

Respectfully submitted,

William J. Kerr, *Chairman*.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Executive Group

Fred B. Clarke, Chairman, 1938
W. R. P. Clark, 1936 Benjamin W. Black, 1937

To the President and the House of Delegates:

This particular standing committee's activity has been evidenced in giving consideration to measures and methods for bringing about a better understanding on the part of the public regarding questions of public and private health. Your committee has transmitted to the Committee on Public Relations recommendations that have been initiated in the form of public health institutes, newspaper publicity, speakers' bureau for lay audiences, and contacts with Parent-Teachers' organizations.

The results of these movements are imparted in a detailed report by the Committee on Public Relations.

Your committee has given much thought to the preparation of educational leaflets and their furnishing to members and to public corporations, to be included with their monthly statements. Financial expense for printing and distribution by members and utility corporations has prevented the carrying out of this proposal. To be effective, the following amount of leaflets would have to be printed:

For members, 6,480,000. (This provides each member with one hundred leaflets each month.)

For public utilities, 25,000,000 (twelve mailings in metropolitan areas).

The estimated cost for printing, distribution, etc., would be about \$6,000 per year. These funds were not available.

Your committee is impressed by the value of such educational measures. We voice the hope that the House of Delegates will record action that will increase the Association's income in order that expanding activities may be carried out in fullest detail.

Respectfully submitted,

Fred B. Clarke, *Chairman*.

COMMITTEE ON HISTORY AND OBITUARIES

Executive Group

George D. Lyman, Chairman, 1937
Frank R. Makinson, 1938 J. Marion Read, 1936
The Secretary, ex officio The Editor, ex officio

To the President and the House of Delegates:

The Committee on History and Obituaries, of which Dr. J. Marion Read and Dr. Frank R. Makinson are members, and of which I have the honor to be the chairman, has held no meetings during the last year.

However, much material on California medical history has been collected. It is hoped to assemble this within the near future, in book form.

Particularly is the committee grateful to the many interesting accounts which Dr. George H. Kress of Los Angeles has turned over to the committee.

The Council recently authorized the editor to secure a biographical sketch of Dr. Joseph P. Widney, founder of the Los Angeles County Medical Association, which will appear in the April and May issues of CALIFORNIA AND WESTERN MEDICINE.

Attention is called to this in order to urge every component county society to secure from living founders or co-founders, or early members, similar accounts. Also to suggest that old county society record books be sent for safekeeping to the central office of the California Medical

Association. Request is made that every county society appoint a committee to take up this work during the coming year.

Following is a list of members of the California Medical Association whose deaths occurred during the last year:

IN MEMORIAM

Adler, Herman Morris, December 6, 1935, Berkeley.
Barkan, Adolph, August 28, 1935, Zurich, Switzerland.
Baxter, Donald Erskine, July 30, 1935, Glendale.
Bill, Philip August, August 27, 1935, San Francisco.
Blanchard, Lynne Harry, September 5, 1935, Oakland.
Burbank, William Winston, November 29, 1935, Long Beach.
Calder, Daniel H., July 18, 1935, Los Angeles.
Cole, George Llewellyn, August 19, 1935, Los Angeles.
Cressman, Ralph Gates, October 18, 1935, Stockton.
DuBois, Charles Warren, December 17, 1935, Los Angeles.
Dunlap, Florence Mary, November 13, 1935, Brawley.
Floersheim, Samuel, October 3, 1935, Los Angeles.
Garcelon, Harris, August 1, 1935, Arrowhead Springs.
Irwin, Stewart Vernon, July 1, 1935, Oakland.
Johnson, Carl Arthur, November 20, 1935, Imola.
Kapp, Russell William, May 5, 1935, San Jose.
Kiefer, Hugo Albert, October 26, 1935, Los Angeles.
Lynch, Edward Clarence, September 18, 1935, Montebello.
Macrae, Annie D., April 23, 1935, San Francisco.
Madden, Thomas Frederick, September 8, 1935, Fresno.
McNamara, Thaddeus M., Jr., July 15, 1935, Bakersfield.
Nahman, Adolph H., September 18, 1935, San Francisco.
Parsons, James J., October 18, 1935, Monrovia.
Poole, Richard E., June 13, 1935, Yountville.
Rehfsch, John Morse, September 15, 1935, San Francisco.
Ruediger, Gustav F., July 6, 1935, Pasadena.
Schroeder, Leo A., October 29, 1935, Los Angeles.
Smith, Rea, November 29, 1935, Los Angeles.
Shuman, Joseph R., March 10, 1935, Los Angeles.
Silliman, John C., October 27, 1935, Palo Alto.
Stern, Arthur Alonzo, July 11, 1935, Sacramento.
Trehwella, James S., February 11, 1935, Montebello.
Van Zwalenburg, Cornelius, July 23, 1935, Riverside.
Weaver, Archibald Carlton, October 25, 1935, Santa Monica.
Weger, George S., January 16, 1935, Redlands.
Weymann, Morie Frederick, January 13, 1935, Los Angeles.
Whitney, James L., March 12, 1935, San Francisco.

Respectfully submitted,

George D. Lyman, *Chairman*.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Executive Group

Daniel Crosby, Chairman, 1936
John C. Ruddock, 1938 Karl L. Schaupp, 1937

To the President and the House of Delegates:

The Committee on Hospitals, Dispensaries, and Clinics has found the details of its work covered by your Public Relations Committee. Being cognizant of the details that were given consideration by the Public Relations Committee, and in sympathy with its conclusions, this committee has found nothing for its separate consideration.

Respectfully submitted,

Daniel Crosby, *Chairman*.

COMMITTEE ON INDUSTRIAL PRACTICE

Executive Group

Morton R. Gibbons, Chairman, 1938
Mott H. Arnold, 1936 Harry E. Zaiser, 1937

To the President and the House of Delegates:

During the last year no new problem and no claim for the attention of this committee have materialized.

The report of last year announced a ruling of the chairman of the Industrial Accident Commission that there would be no departure from the fee schedule for industrial accident practice until after hearing or investigation. There has been no further agitation on the question.

Whether or not, and in what manner, the insurance companies are living up to the fee schedule at this time this committee has no information.

The chairman of your committee has prepared a resolution which, if adopted by the House of Delegates will provide for local committees to review medical testimony in all hearings and court cases. Your committee recommends careful consideration of this resolution and feels that its adoption will be one step in advance toward removing some of the errors that have been quite prominent in the past.

Your committee will always welcome any information regarding personal experiences of members on the subject of industrial accident practice.

Respectfully submitted,

Morton R. Gibbons, *Chairman*.

COMMITTEE ON MEDICAL DEFENSE

Executive Group

George G. Reinle, *Chairman*, 1938

Fred R. DeLappe, 1936

John P. Nuttall, 1937

To the President and the House of Delegates:

This committee will submit a special report to the Council, for transmittal to the House of Delegates.

Respectfully submitted,

George G. Reinle, *Chairman*.

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS

Executive Group

Loren R. Chandler, *Chairman*, 1936

B. O. Raulston, 1938

John B. Doyle, 1937

To the President and the House of Delegates:

Inasmuch as the activities of the four medical schools in California are well known, and have been described adequately from time to time in bulletins and reports, your Committee on Medical Education and Medical Institutions has held no meetings during the year.

Respectfully submitted,

L. R. Chandler, *Chairman*.

COMMITTEE ON MEDICAL ECONOMICS

Executive Group

John H. Graves, *Chairman*, 1938

William R. Molony, Sr., 1936

Willard J. Stone, 1937

To the President and the House of Delegates:

Since many of the activities of this committee have become part of the program of the Committee on Public Relations, no regular meetings of the Committee on Medical Economics have been held. Correspondence between the members of the committee and the chairman has been maintained, and the chairman has regularly attended the meetings of the Public Relations Committee and presented the views of the Committee on Medical Economics.

Respectfully submitted,

John H. Graves, *Chairman*.

COMMITTEE ON MEMBERSHIP AND ORGANIZATION

Executive Group

E. Vincent Askey, *Chairman*, 1938

Dewey R. Powell, 1936

Thomas H. McGavack, 1937

The Secretary, *ex officio*

To the President and the House of Delegates:

The foundation of any organization is its membership. In a profession this basic structure should be representative; should be large enough to be considered the official voice of the entire profession. Following membership, organization comes next in importance.

Your Committee on Membership and Organization begs to report that, both in membership and in organization, the California Medical Association is not lacking when compared with other state organizations.

Much can be done, and must be done, however, to strengthen the basic structure. For reasons too obvious to mention here, the need for a larger and better organized membership is greater in California than in any other section of the United States. The work must go on. The responsibility for its accomplishment rests almost entirely with the secretaries of the various component county medical societies.

Your Committee on Membership and Organization can do little more than give every possible aid to these secretaries; to point out the need for increasing membership; to encourage them in their campaigns; to assist them with plans, and to arm them with arguments to present to prospective members.

Efficient membership work in each county must have, as a starting point, a knowledge of who are the non-members and who among them are eligible for membership. This has called for a survey which was made about a year ago by the secretaries of the county societies. The

result of this survey was presented by Dr. Edward M. Palette, president-elect, in the March issue of CALIFORNIA AND WESTERN MEDICINE, on page 211.

This survey showed that in one county 93 per cent of the doctors of medicine were members of that county society. Many of the smaller counties showed membership records of 70 per cent, or more, of the doctors in their counties.

Los Angeles County, with 58 per cent, and San Francisco County, with 52 per cent, are representative of the percentages to be found in the larger communities. The reason for this drop in percentages is known. The retired doctor of medicine, still licensed to practice, and the non-eligible are found in greater proportion in the larger cities; especially is this true of California.

A study of this survey shows that in California only about 17 per cent of those who should be members are not members; a fact that warrants optimism and should encourage those who are carrying on this work.

One hesitates to urge a campaign for members. A campaign indicates an activity that is limited either by time or by results. A campaign usually comes to an end. The responsibility for increasing membership should at all times be recognized by county secretaries. Membership should be increased steadily and surely.

First, the eligible nonmembers should be contacted and sold on the value of membership. If they are eligible, and if they are sold on the value of the Association, they will become members. If they are not sold, the fault is not theirs—if they are truly eligible; if they are the type of men who understand what the preservation of their profession means to them and to the public, the fault rests with the one who solicited them, or in the lack of a worthwhile county organization.

A county secretary usually has, or should have, means of learning when a new doctor takes up his residence and practice in his county. That doctor should be contacted for membership as soon as possible after his eligibility is established.

The most important selling point, naturally, is found in the organization that is accomplishing things. In any county the county medical society may find plenty of things to accomplish. What such an organization must do varies in the different counties; it remains a county problem. However, the way to county activities, and the nature of these activities, to a large extent is made clear by a thorough understanding of the problems of medicine in California; by a knowledge on the part of the membership of what the California Medical Association is doing and must do for the benefit of each and every member, and for the preservation of the welfare of the public.

The fact that in each county one man is largely responsible for the dissemination of this information, was brought out in a very decided form at the meeting of county secretaries, held in San Francisco on January 18 of this year. The future of membership and of organization of the California Medical Association very largely is the responsibility of the secretaries of the component county medical societies.

Respectfully submitted,

E. Vincent Askey, *Chairman*.

COMMITTEE ON POSTGRADUATE ACTIVITIES

Executive Group

Clarence G. Toland, *Chairman*, 1938

F. F. Gundrum, 1936

John C. Ruddock, 1937

The Secretary, *ex officio*

To the President and the House of Delegates:

Your Committee on Postgraduate Activities, under the auspices of the California Medical Association, begs to report that the postgraduate activities, as ordered by the House of Delegates at Yosemite, are now firmly established.

During the past year there have been twelve conferences held in the following places: Riverside, San Bernardino, Modesto, Stockton, and San Jose.

Of course, this is pioneer work in this State, and will require some time to arouse the interest of the members of the component county societies. Your committee wishes to suggest that the brochure or announcement be very specific, and descriptive of clinics that are available to the various districts. For example:

"Diseases of the Blood.—Demonstration and discussion of cases of blood dyscrasias. Presentation of criteria for differential diagnosis of agranulocytopenia, purpura hemorrhagica, pernicious anemia, secondary anemia, leukemias, and bone-marrow deficiencies. A description of technique of bone-marrow punctures. Demonstrations of typical blood smears for microscopical diagnosis. Treatment of blood dyscrasias and application of various types of treatment to the cases demonstrated. Value of blood transfusions and x-ray as a therapeutic measure. Drug therapy. Liver therapy. Endocrine influence."

"When selecting this course it should be stated whether the entire subject is to be covered or whether the group desires only a part of the subject.

"The following doctors are available for this clinic:

M.D., San Francisco, University of California.

M.D., Sacramento, private.

M.D., Los Angeles, University of Southern California.

M.D., San Diego, private.

M.D., Los Angeles, College of Medical Evangelists.

M.D., San Francisco, Stanford.

"It is expected that patients with case records will be available for demonstration."

The entire announcement should be enlarged and made very specifically descriptive. This will materially help in the selection of suitable cases for demonstration, and also assist in the suitable selection of clinic courses.

It is essential that the announcement be printed on good paper, with an attractive cover, and that copies be made available through all medical groups in the rural communities of the State.

Secondly, it is desired by the medical profession adjoining San Francisco and Los Angeles that the clinical material of the San Francisco County Hospital and the Los Angeles County Hospital be made available to them at least once a year by means of a clinical demonstration, conducted jointly by the medical schools in San Francisco and Los Angeles, respectively, under the auspices of the California Medical Association.

Your committee has been hindered to some extent in advising the different county societies as to the value of the postgraduate conferences, because some of us are members of the Committee on Medical Exhibits at the San Diego Fair. Most of our available time has been given to this important matter, as it was very essential to complete the exhibit in as short a time as possible. I feel certain that next year some of us will be able to visit the different county medical societies in reference to the subject of postgraduate conferences.

We appreciate greatly the opportunity to serve the California Medical Association in this capacity.

Respectfully submitted,

Clarence G. Toland, *Chairman.*

COMMITTEE ON PUBLICATIONS

Executive Group

Percy T. Magan, *Chairman*, 1937
Ruggles A. Cushman, 1938
The Editor, ex officio

Oscar Reiss, 1936
The Secretary, ex officio

To the President and the House of Delegates:

Your Committee on Publications is grateful that, in spite of the national financial stringency producing lessened income from advertising sources, our official journal has been enabled to bring to all physicians in the State its continued messages of progress relative to scientific and organized medicine. We are glad to say that it is very rare that a written communication is received containing criticisms of CALIFORNIA AND WESTERN MEDICINE. This indicates that the constituency of the California Medical Association must be persuaded that the official publication presents with fairness and credit the activities of the Society as regards both their professional and organization work.

During the year that is past the editor submitted to us his plans to emphasize the organization activities of the Association by changing the position of the editorial section in the JOURNAL from the middle thereof to that of the initial pages of each issue, and to further call attention to the topics under discussion by the use of blackface sub-headings. Naturally enough, the committee was in hearty accord with this plan, and it is our belief that the new form makes for better appearance as well as serving a

distinct and valuable purpose in enabling the readers to more easily acquaint themselves with the current organizational problems that are of importance to the Association and its component county societies.

In these days of stress and strain and social-welfare activities it will be clear that there are many problems confronting the medical profession, and that solutions in whole or in part must be found if the interests of the doctors as individuals and as a professional group are to be properly safeguarded. Because of this it is more apparent than ever that there must be a printed means of intercommunication to carry the messages from the State associations and the component county societies to all members of the California Medical Association. Without this it would be practically impossible to secure anything like unanimity of thought and action. Certainly, at the present time such harmonious agreement on what is to be done and the manner in which certain ends are to be attained is vital in order that the energy of the Association be not side-tracked or neutralized through unnecessary or avoidable argument or differences of opinion among its members.

As in previous reports, your Committee on Publications is of the opinion that CALIFORNIA AND WESTERN MEDICINE stands in the front rank of the column of official publications as issued by other state medical associations, and reflects great credit upon the doings of the California Medical Association.

It is our understanding that the editor in his report will advise a temporary increase in the number of pages of CALIFORNIA AND WESTERN MEDICINE in order to permit the early printing of papers read a year ago at Yosemite. To this we give our hearty approval and trust that the House of Delegates will so authorize.

In closing, we bespeak for CALIFORNIA AND WESTERN MEDICINE the kindly and hearty support of the House of Delegates and the Council. This has been graciously accorded in the past, and we are sure that our official publication is doing better work today than in any period of its history. It is without controversy that CALIFORNIA AND WESTERN MEDICINE is destined to play a fundamentally vital part in the promotion and forwarding of the policies of the California Medical Association.

Respectfully submitted,

Percy T. Magan, *Chairman.*

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Executive Group

Junius B. Harris, *Chairman*, 1938
Fred R. DeLappe, 1936
The President, ex officio

E. T. Remmen, 1937
The President-elect, ex officio

To the President and the House of Delegates:

At the time of our report one year ago we were in the midst of a legislative session. Many of our members have heard detailed accounts of what transpired at that session through reports presented at meetings of our component county societies. However, a brief summary is in order at this time as an indication of some of the problems facing us in the near future.

The legislature was in session for a total of 161 days. From early January until midnight of June 16, 1935. This is an all-time record in length of session, and there was also an all-time record in the number of bills introduced—3,951. It was necessary for your representatives to go through all of these 3,951 bills, carefully scanning each one, and pick out those dealing with questions of professional standards and public health. We found 208 bills with some reference to public-health questions. In addition to these bills there were more than five hundred skeleton bills, which required constant, daily watching. Some of these did develop into rather pressing issues.

There were twenty-four committees before which public health measures were considered. These committees were in session from early morning until midnight, and it was necessary for your representatives in Sacramento to not only watch carefully the procedure in these committees, but to keep a thorough check on all legislative activities. This was almost a twenty-four-hour-per-day job.

A brief summary of some of the bills follows:

Assembly Bill 2401, the so-called "Humane Pound Act," was with us again. It was tabled in committee after we had presented data showing that the same forces active

in its support were also active in antivivisections societies. An attempt to lift it from the table by a vote of the general body of the Assembly was decisively defeated. The proponents of this measure made good their threat to "take it to the people," and are now circulating petitions to place this measure upon the ballot next November as an initiative proposition. Their literature states that they have the necessary funds to circulate the petitions.

A series of four chiropractic bills died in committees without reaching the floor of the legislature.

In our report one year ago we called attention of our members to "county medicine" as one of the most important issues of the legislative session, warning that attempts would be made to "open up" county hospitals. Assembly Bill 2397, introduced by Mr. Heisinger of Fresno County, attempted to establish a system of "county health insurance" through county hospitals. Defeated in its original form the bill was amended to provide for "hospital districts," to be set up by boards of supervisors. After many hearings the bill failed by the narrow margin of two votes to get out of committee and onto the floor of the Assembly. In an attempt to regulate county hospitals your Council ordered the preparation and introduction of Assembly Bill 954. This was vigorously opposed by farm groups, labor groups, representatives of county supervisors, and was defeated in committee.

Senate Bill 454 and Assembly Bill 1097, providing for systems of compulsory health insurance, were given extensive hearings by committees and finally referred back to these committees without action by the Senate or the Assembly. Special committees were named by both the Senate and the Assembly to continue the study of this subject and report at the next session of the legislature, which convenes on January 4, 1937.

Senate Bill 471 was the most vigorously contested measure of the entire session. It related to medical and hospital service insurance. It was given strong backing, and for over three weeks was a hotly-contested issue before the Assembly. It was only through the splendid coöperation of our members in the various legislative districts of the State that the assemblymen were informed of the true nature of the measure when amendments were adopted that removed the vicious features of the bill. It was then withdrawn by its sponsors.

The State Board of Medical Examiners secured the introduction of Senate Bills 154, 155, and 468. These had to do, respectively, with some changes in the definition of "unprofessional conduct," graduates of foreign medical schools, and providing for injunctions against violators of the Medical Practice Act. All three bills passed the legislature with practically no opposition, but only one—the foreign graduate bill—was signed by the Governor. The others were given a pocket veto.

Two bills of particular concern to the public were Assembly Bills 1918 and 2158, having to do with inspection of patients' records by attorneys in pending or contemplated court actions. We opposed these on the grounds that they were in violation of the relationship between patient and physician. They were killed once in committee, but were revived and had to be defeated a second time.

Assembly Bill 1037 would have placed x-ray laboratories under supervision of the State Board of Health. This was amended a number of times to meet objections, and finally passed through the legislature with but little opposition. However, the Governor gave it the pocket veto.

These are just a few of the highlights of a legislative session that was exceedingly important from the standpoint of the public health and the protection of professional standards.

Since the legislature adjourned we have caused detailed reports to be presented at fifty-three meetings of members of our profession or allied groups in an attempt to arouse a realization of the necessity for active interest in public health legislation. Many of the issues referred to above will again be before the legislature. The question of "county medicine" is particularly pressing with numbers of farm groups and labor groups committed to a program of "public hospitalization."

This is election year. The primary election will be held in August, and the general election in November. Under

provisions of a new law all voters must re-register. May we urge that all our members register to vote, and make certain that members of their families, their employees, and friends are registered; that our members contact candidates for the legislature, discuss with them the various problems of public health legislation and give them the advice and information that legislators so repeatedly seek, in order that they may act intelligently for the best interests of the public.

Respectfully submitted,

J. B. Harris, *Chairman*.

COMMITTEE ON SCIENTIFIC WORK

Executive Group

Frederick C. Warnshuis, *Chairman*
J. Homer Woolsey, 1938 Lemuel P. Adams, 1937
F. M. Pottenger, 1936 John C. Ruddock, *ex officio*
H. Glenn Bell, *ex officio*

To the President and the House of Delegates:

The scientific program, as published, summarizes the work of your Scientific Committee, which is of the opinion that the program reflects scientific progress and affords educational opportunities.

Your committee, in conference with section officers, gave serious consideration to the problems that arise by reason of the expansion of our program and the very marked interest and increase in attendance at our annual meetings, and recommend that the number of sections be reduced. There are two important factors: (1) Finding satisfactory auditoriums to accommodate the several sections. (2) Assigning session hours to the twelve scientific sections. Another factor, though not the responsibility of this committee, is the selecting of a place for our annual meeting that will afford ample hotel accommodations for those desiring to attend, and auditoriums for section meetings and exhibits.

This problem has been referred to the Council, with the recommendations that the Council study the problem.

Your committee tenders its appreciation and thanks to our invited guests and section officers, and to those members who are contributing to the success and value of this program.

Respectfully submitted,

F. C. Warnshuis, *Chairman*.

COMMITTEE ON PUBLIC RELATIONS

Charles A. Dukes, *Chairman*, Cancer Commission.
Fred B. Clarke, *Chairman*, Committee on Health and Public Instruction.
Morton R. Gibbons, *Chairman*, Committee on Industrial Practice.
Junius B. Harris, *Chairman*, Committee on Public Policy and Legislation.
Daniel Crosby, *Chairman*, Committee on Hospitals, Dispensaries and Clinics.
E. Vincent Askey, *Chairman*, Committee on Membership and Organization.
John H. Graves, *Chairman*, Committee on Medical Economics.
Robert A. Peers, *ex officio*, President of California Medical Association.
Edward M. Pallette, *ex officio*, President-elect.
Frederick C. Warnshuis, *Secretary*.
Hartley F. Peart, *Attorney*, Legal Counsel, California Medical Association.

To the President and the House of Delegates:

While your committee has conveyed to the membership, from month to month, through the Department of Public Relations in CALIFORNIA AND WESTERN MEDICINE, salient features of its scope of activity, these are now summarized for the information of delegates and members. This report concludes with certain recommendations.

I

Your committee recognized the need of conveying to the lay public definite and authentic information related to medical services and the scientific resources our medical profession possesses for the prevention of disease, conservation of health, and the alleviation of physical ailments and deformities. Evidence was at hand that the public was not informed in satisfactory degree as to measures and scientific methods that are attainable for its best physical welfare. It was further recognized that this lack of knowledge was a fundamental factor in causing lay persons to consult unqualified advisors. The course to follow to ob-

tain competent medical advice and care was a darkened path to many average individuals.

Your committee, therefore, devoted its work to remedying this situation, and addressed its efforts along the following avenues:

(a) *Press Publicity.*—A press release article was sent weekly to some 250 newspapers in California. These articles were educational, advisory, and informative. They presented facts related to preventive medicine, physical defects and degenerations, first aid, emergencies, and approved methods and measures of treatment. It has been gratifying to learn through a press-clipping service a very satisfactory publication of these articles, especially by the newspapers in less populated centers, thereby supplying to these readers often their only authentic source of information. It is further gratifying to report a gradually increasing number of letters of inquiries that have been received in response to these articles.

Supplementing this educational program, unstinted credit is given to the radio broadcasts sponsored by the Los Angeles County Medical Association, San Francisco County Medical Society, Kern County Medical Society, and several other component units. All these units deserve and are accorded well-merited credit and appreciation.

(b) *Fairs.*—In former years, our Association has sponsored educational exhibits at the State and Los Angeles County fairs. The conclusion was reached that these exhibits exerted but a limited educational influence. Upon mature deliberation it was determined to abandon such exhibits and replace them by conducting a series of visualized education by means of exhibits in the form of Public Health Institutes sponsored by county units. Our director was instructed to prepare such exhibits and arrange an itinerary. Some \$2,000 was expended, and the first Health Institute was conducted in Oakland. A state-wide itinerary was prepared, but was temporarily abandoned because an opportunity presented itself to use these exhibits in the San Diego Exposition. It is contemplated to resume this educational program in the fall.

(c) *San Diego 1936 Exposition.*—By reason of the initiative of the San Diego County Medical Society, we were accorded the opportunity to join with that constituent unit in sponsoring, directing, supervising, and censoring a Hall of Medical Science in the 1936 San Diego Exposition. With Council approval, and with a state committee, of which Dr. C. G. Toland is chairman and Dr. Lyle Kinney local chairman, the Director of Public Relations contacted the Exposition management. Suffice it to state that a building with 22,000 square feet of space in the Exposition grounds was placed at our disposal as a Medical Hall of Science, and is now open to Exposition visitors. Members are urged to visit this building, which contains a goodly number of exhibits that are being featured in the Exposition's publicity.

It may not be amiss to state at this time that plans are under way and arrangements are being made to sponsor a similar Hall of Medical Science for the 1938 San Francisco Exposition.

II

COÖPERATION WITH GOVERNMENTAL AND LAY AGENCIES

Surveying other fields that afforded opportunities for contributing to public and professional welfare, it was perceived that our governmental and lay agencies created avenues for extension work. Under committee approval, our director approached, established contact and subscribed coöperation with the following agencies:

Department of Education
Board of Medical Examiners
Board of Health
State and Federal Forestry Departments
Highway Traffic
State Institutions
Milk Commission
State Chamber of Commerce
Parent-Teachers' Association
Federation of Women's Clubs
Junior League
Y. W. C. A.

It is not possible to cite specific and detailed tangible results from these contacts. Your committee, however, is confident that desired ends are being given to the medi-

cal profession as an important and vital group in all civic movements, and that wholesome influence is being acknowledged. Our correspondence from these agencies justifies this conclusion.

III

Hospital Insurance Plans.—When the 1935 Legislature enacted Assembly Bill 246 authorizing nonprofit corporations to write hospital service insurance, the Council delegated to the Committee on Public Relations the study of this law's provisions and to make recommendations as to related Association policies and participation. After much study and investigation, and a conference by our director with Washington and Oregon operations of similar plans, the committee formulated the following conclusions which were approved by the Council:

1. It was not advisable for our Association to establish a hospital insurance plan for state-wide application.
2. That our Association assume a supervisory rôle and make available advisory service to any hospital or group of hospitals contemplating establishing hospital insurance.
3. That the following provisions must be incorporated in any hospital insurance proposal:
 - (a) Free choice of hospital.
 - (b) Free choice of an accredited physician.
 - (c) Medical care or services are not to be included.
 - (d) That laboratory diagnostic services constitute the practice of medicine.
 - (e) That the diagnostic specialties in medicine cannot be divided into professional and technical divisions.
 - (f) That benefits shall be those of hospital services only, and exclusive of medical services.

To bring about the recognition and acceptance of these vital principles, conferences were arranged and held with chiefs of staffs, hospital representatives, and committees from diagnostic specialties. Progress is being made, and it is anticipated that agreeable, mutually acceptable principles and policies will eventuate.

Your committee, while endorsing the principle and purpose of hospital insurance, recognizes that our Association must be alert to the possible avenues along which expansion may take place. It is purposed to resist expansion that would include medical care.

IV

Lay Meetings.—Effort has been unsuccessfully made to enroll a corps of speakers from county members in order to make available to lay groups, luncheon clubs, and parent-teacher organizations, speakers capable of presenting medical discussions. Members have been reluctant to volunteer for such assignments. The quest will be to perfect such service during the coming year. As a substitute for this function, our director during unengaged periods has addressed the following groups:

San Francisco Y. W. C. A.
San Francisco Executives' Organization
Occidental College Economic Conference
Several Rotary Clubs
Senior students of Stanford and University of California.

Conferences were also had with health committees of lay state organizations.

V

Miscellaneous.—During committee meetings, consideration has been given to and plans are being developed that will record the following features:

1. A series of educational leaflets for distribution with gas and electric bills.
2. A series of cards for distribution to patients and office display.
3. Participation in programs of state lay organizations.
4. A program for women's medical society auxiliaries.
5. Information bureau.
6. Bibliographies of medical subjects for public libraries.

In presenting this report of action and citing expansion objectives, your committee is of the opinion that it is meeting and fulfilling the purposes and functions that were assigned.

In conclusion, the following recommendations are made:

1. That county societies be requested to appoint local committees on public relations to initiate in their respective localities all of the central committee's activities.
2. That county societies make available a corps of speakers for assignment to address lay meetings.
3. That the committee's future plans be approved.

Respectfully submitted,

C. A. Dukes, *Chairman*.

V

REPORTS OF COMMISSIONS, SPECIAL AND COUNCIL COMMITTEES

AUDITING COMMITTEE

Executive Group

Karl L. Schaupp, *Chairman*

Morton R. Gibbons

O. D. Hamlin

To the President and the House of Delegates:

In compliance with the provisions of the by-laws, we submit a draft of the 1936-1937 budget.

BUDGET—1936-37

Estimated Income:

1. Membership dues—5,400	\$54,000.00	
2. Earned interest	50.00	
3. Herzstein Fund	750.00	
4. Advertising sales	25,000.00	
5. Commissions	500.00	
6. CALIFORNIA AND WESTERN MEDICINE subscriptions	500.00	
7. Reprint sales	1,000.00	\$81,800.00

Estimated Expenses:

(a) Public Relations	\$ 2,500.00	
(b) Postgraduate conference	1,500.00	
(c) Legislative expenses	5,000.00	
(d) Committee expenses	1,000.00	
(e) Legal expenses	5,000.00	
(f) Public health institutes	1,500.00	
(g) Annual meeting	750.00	
(h) Delegates to American Medical Association	750.00	
(i) Council expense	1,500.00	
(j) Executive Committee expense	500.00	
(k) Printing CALIFORNIA AND WESTERN MEDICINE	25,000.00	
(l) Editor's salary	4,000.00	
(m) Clerical expense, official journal	3,000.00	
(n) Rent	2,500.00	
(o) Telegraph	300.00	
(p) Stationery—Certificates and reports	1,000.00	
(q) Postage	1,000.00	
(r) Office supplies	250.00	
(s) Typewriters	500.00	
(t) Express and cartage	100.00	
(u) Clerical office assistants	6,000.00	
(v) Travel expense	1,500.00	
(w) Transfer files	250.00	
(x) Department of Public Relations, salary	5,000.00	
(y) Secretary's salary	7,500.00	
(z) Reserve	2,900.00	\$81,800.00

BUDGET—1935-36

Estimated Income:

1. Membership dues—5,200	\$52,000.00	
2. Earned interest	100.00	
3. Herzstein bequest	750.00	
4. Advertising income	20,000.00	
5. Commissions	500.00	
6. CALIFORNIA AND WESTERN MEDICINE subscriptions	500.00	
7. Reprint sales	1,500.00	
8. Sales of books	180.00	
9. Estimated income		\$75,530.00

Estimated Expenses:

10. Public Relations	\$ 1,000.00	
11. Postgraduate work	1,500.00	
12. Legislative expense	4,400.00	
13. Committee expense	1,000.00	
14. Legal expense	6,000.00	
15. Fair exhibits	1,000.00	
16. Annual meeting	1,000.00	
17. Delegates, American Medical Association	1,500.00	
18. Woman's Auxiliary	150.00	
19. Council travel expense	750.00	
20. Executive Committee travel expense	500.00	
21. Printing CALIFORNIA AND WESTERN MEDICINE	20,000.00	
22. Editor's salary	4,000.00	
23. Journal assistance	2,800.00	
24. CALIFORNIA AND WESTERN MEDICINE miscellaneous	500.00	

25. Rent	3,500.00	
26. Telegraph	300.00	
27. Stationery supplies	1,000.00	
28. Postage	750.00	
29. Office supplies	250.00	
30. Express and cartage	100.00	
31. Stenographic services	6,000.00	
32. Travel expense	1,200.00	
33. Office files	250.00	
34. Director of Public Relations, salary	4,000.00	
35. Secretary's salary	6,000.00	
36. Publicity estimate	3,000.00	
37. Reserve	6,080.00	

38. Estimated expenses \$78,530.00

COMMENTS ON BUDGET FOR 1936-1937

1. In last year's budget we estimated the membership dues on the basis of 5,200 members, whereas we had a gain in membership, making a total of 5,347 members. I estimate that during the coming year, due to our visits to county societies and the activities of the officers of the Association, an increase of at least two hundred members over last year.

2. Our funds have been depleted. We have only a small amount of money in the savings account, so our income from interest accrued will be materially reduced.

3. The Herzstein Fund is a fixed figure.

4. Last year I estimated the advertising sales as approximately \$20,000. By reason of advertising campaigns, the advertising in 1935 reached the figure of \$23,000. I, therefore, estimate that our advertising sales for 1936 will be \$25,000, and I feel that possibly it will exceed that amount because every month we are securing new contracts.

5-6. These are conservative estimates based on past years.

7. You will recall that I introduced this figure last year, based upon the Association taking over the sale of reprints of articles appearing in CALIFORNIA AND WESTERN MEDICINE. I made a definite agreement with the James H. Barry Company for the printing of reprints and furnishing them to the authors. During this past year our profit was approximately \$700, and that amount can be increased to the amount indicated on the proposed budget.

EXPENSES

(a) The Committee on Public Relations should have this appropriation because of its activities. You will recall that it has assumed the press publicity activity, and this has been accomplished at a very small cost and with a large saving over the proposal which was made at Yosemite for a publicity director with an appropriation of \$5,000. I feel, therefore, that with the other activities of the Public Relations Department an appropriation of \$2,500 is a just one.

(b) Our Postgraduate Conferences will perhaps not exhaust this appropriation; but this amount should be made available for the plans the committee has in mind.

(c) Legislation expenses are placed at this figure to cover the activities of the Legislative Committee, but do not cover any special legislative work.

(d) This amount is to cover the expenses of our Standing Committee, and I see no reason why it should be increased for the coming year.

(e) Our legal counsel has a retainer of \$4,000, and \$1,000 should cover any extra expenses.

(f) Public Health Institutes, the first of which was conducted this past month, supplant the former expenses that were incurred at the State Fair and also at the Los Angeles Fair.

(g) I have tentatively fixed this figure as expenses for our annual meeting, because I am not sure whether we will again be able to duplicate our 1935 experience whereby the return from rental and exhibit space not only paid all the expenses of the annual meeting, including the traveling expenses of the officers of the Association and guest speakers, but netted us a profit of a little more than \$700.

(h) The American Medical Association meets in Kansas City in 1936 and, therefore, the traveling expenses of the delegates will not be as large this year as last, when they had to travel to Atlantic City.

(i) Are supplementary, and cover the expenses of the Council and the

(j) Executive Committee.

(k) This is a conservative estimate of the publication costs of CALIFORNIA AND WESTERN MEDICINE, and cannot be reduced.

(l) This is a fixed figure.

(m) This is a fixed figure.

(n) This is a fixed figure.

(o) This is an estimate based on previous tabulations.

(p) This sum covers the necessary office stationery—for correspondence, for membership certificates, envelopes, report-blanks, etc.

(q) This is a fixed figure based on the experience of the past year.

(r) Includes the minor office supplies, such as pens, pencils, clips, loose-leaf blanks for ledgers, etc.

(s) Is a necessary expenditure, because the typewriters in the office are in very poor condition; they are old and practically worn out, so that we will undoubtedly have to purchase at least three new typewriters during the coming year.

(t) This is a fixed figure.

(u) This is a fixed figure, under appropriations that have been made.

(v) This is for the traveling expenses of the secretary, and while the amount will not be consumed, it is arbitrarily so indicated.

(w) Files in the office are filled, and it will be necessary to purchase transfer files that can be secure for that amount.

(x-y) Of course, these sums are subject to the action of the Auditing Committee and the Council, and are placed at that amount in conformity with the understanding that was had with Doctor Toland and his committee.

(z) Is self-explanatory.

There is under consideration the question of sponsoring a law for a qualifying certificate. An estimate has been made for the cost of securing such initiative in the neighborhood of \$35,000. If the Council determines to proceed with that project, then it will be very necessary for the Council to consider increasing the membership dues to \$15 per year, and submit this proposal to the House of Delegates. If the dues are raised, it will bring an added revenue of \$27,000. I merely mention this in order that the Auditing Committee may give consideration to this financial problem and make its recommendations to the Council.

Respectfully submitted,

Karl L. Schaupp, *Chairman*.

CANCER COMMISSION

Executive Group

Charles A. Dukes, *Chairman*

Lyell C. Kinney, *Vice-Chairman*

Alson R. Kilgore, *Secretary*

Orville Meland, *Secretary for Southern Section*

Harold Brunn

Gertrude Moore

Henry J. Ullmann

A. Herman Zeiler

Clarence G. Toland

To the President and the House of Delegates:

During the current year the Cancer Commission has undertaken to cooperate with the American Society for the Control of Cancer in a sustained program of public education. Plans are now (March) being made, and it is expected that work will shortly be begun.

The Council authorized reprinting the Cancer Commission studies in book form, at a low price, for general sale, through agreement with J. W. Stacey, Inc. Printing is now in progress, and it is expected that the book will be ready for exhibit at the San Diego meeting.

Respectfully submitted,

C. A. Dukes, *Chairman*.

COMMITTEE ON ARRANGEMENTS—ANNUAL SESSION

C. O. Tanner, *Chairman*

Harold D. Barnard

Ralph Kaysen

C. B. Bernardini

R. C. Launsberry

To the President and the House of Delegates:

Most of all of the arrangements for the coming meeting at Coronado have been perfected through the office of the state secretary. Our committee has no report of action taken, but is ready at all times to be of assistance at the time of the annual meeting. We have checked over the plans with the management of the Coronado Hotel and

other San Diego hotels, and feel that there will be ample accommodations, meeting rooms, etc.

The Exposition will be open, and Tuesday, May 26, has been officially designated as California Medical Association Day.

Respectfully submitted,

C. O. Tanner, *Chairman*.

COMMITTEE ON DISCIPLINARY PROCEDURES

Executive Group

W. W. Roblee, *Chairman*

L. A. Packard

C. Kelly Canelo

Oscar Reiss

E. Vincent Askey

To the President and the House of Delegates:

The committee has held several meetings and, in consultation with the Council and our attorney, a by-law will be presented to the House of Delegates which, if it is adopted, will assure uniform, orderly procedure in these cases.

PROPOSED AMENDMENT TO THE BY-LAWS OF THE CALIFORNIA MEDICAL ASSOCIATION GOVERNING DISCIPLINARY PROCEDURE FOR COMPONENT COUNTY MEDICAL SOCIETIES

Introductory Note: The following amendment to the California Medical Association by-laws is drafted in compliance with the recommendation of the Committee on Discipline and Ethics of the California Medical Association. In order to effectuate a harmonious result, and in order that the by-laws as amended may not lack organization, the following amendments take the form of, first, an outright repeal of Sections 2 to 5 inclusive of Chapter II of the by-laws of the California Medical Association and, second, a substitution therefor of new Sections 2 to 5 inclusive of Chapter II, incorporating sections governing disciplinary procedure in the component county societies as well as disciplinary procedure in the California Medical Association itself. This method makes the amendment somewhat bulky, but in the end it will avoid a great deal of the confusion that would necessarily arise if specific new sections should be added to Chapter II without regard to the resultant lack of organization.

AMENDMENT No. 1

Chapter II of the by-laws of the California Medical Association is hereby amended by striking out "Chapter II—Membership" and inserting in lieu thereof, the following: "Chapter II—Membership (Including Procedure on Loss of Membership)."

AMENDMENT No. 2

Chapter II of the by-laws of the California Medical Association is hereby amended by striking out all of Sections 2, 3, 4, and 5 of said Chapter II and by inserting in lieu thereof the following:

SECTION 2. TERMINATION OF MEMBERSHIP

(a) *By Expulsion from Component County Society.*—Expulsion from any component county society after due proceedings in accordance with those by-laws, upon becoming final, terminates all the rights and privileges in this Association of the member so expelled.

(b) *By Failure to Pay Dues.*—If the annual assessment of dues payable to this Association by any member of this Association is not paid on or before April 1 of any year, such member shall automatically lose his membership in this Association as of April 1 of such year. The Council of the Association, in its discretion, upon payment of such unpaid dues, and any other assessments, or dues accruing thereafter, may at any time reinstate such member.

(c) *By Revocation of Physician and Surgeon's Certificate.*—Any active member whose license to practice medicine and surgery in the State of California is revoked shall, upon the receipt of sufficient written evidence of such revocation and of its legal finality by the secretary of this Association, thereupon cease to be a member of this Association.

(d) *Acts and Conduct Subjecting Member to Censure, Suspension or Expulsion by Component County Society.*—Any active member of a component county society who has been adjudged guilty of a criminal offense involving moral turpitude, or who has been duly adjudged guilty by his society, in accordance with the procedural requirements of these by-laws, of gross misconduct as a physician or a surgeon or of a violation of any of the provisions of the constitution or by-laws or principles of professional conduct of his society or of the principles of medical ethics promulgated from time to time by this Association or by the American Medical Association, shall be subject to censure, suspension or expulsion from his society by such component county society.

(e) *Right of Committee on Membership and Organization of this Association to Prefer Charges.*—If a member of this Association is believed by the Committee on Membership and Organization of this Association to be guilty of conduct justifying censure, suspension or expulsion from his component county society, said committee may prefer written charges in the form and in the manner herein-after specified with the secretary of the accused member's county society and may, through a member or members thereof, perform all acts that are reasonably necessary and proper in the prosecution of such charges.

SECTION 3. PROCEDURE TO BE FOLLOWED BY COMPONENT COUNTY SOCIETIES WITH RESPECT TO INVOLUNTARY LOSS OF MEMBERSHIP

(a) *Disciplinary Procedure for Component County Societies.*—The procedure to be followed by each component county society with respect to the censure, suspension or termination of membership of a member thereof shall be:

(1) *Charges—Formal Requirements.*—A formal charge must first be made. Such charge must be in writing, signed by the accuser, and if made by a person other than a member of the Society must be sworn to before an officer of the State of California authorized to administer oaths. Charges must state the acts or conduct complained of with reasonable particularity.

(2) *Charges—Filing—Secretary's Duties—Presentation to Board of Directors (or Grievance Committee).*—Charges must be filed with the secretary of the accused member's society. At the first regular or special meeting of the Board of directors of such component county society held after charges are filed, the secretary must present said charges to the Board. The Board of Directors shall then or at any adjournment of said meeting, but not more than thirty days after the date of such regular or special meeting, consider the charges, and in its discretion determine whether or not further proceedings shall be conducted. If the Board determines that no further action shall be taken, the charges shall be dismissed.

If a component county society has no Board of Directors and more than ten members, its members must, at a regular meeting of the society, elect a grievance committee of not less than five (5) active members in good standing, two members shall be designated by the society to serve for a period of one year, two members shall be designated to serve for a period of two years, and one member shall be designated to serve for a period of three years. At the expiration of the terms of office of the respective members of such committee, successors shall be elected in like manner to serve for a period of one year each. Such grievance committee shall exercise all the powers and perform all of the duties herein conferred upon boards of directors in the manner and within the times herein provided. If a society has less than eleven members, the entire society, exclusive of the accuser and accused, shall constitute the grievance committee. All references herein to boards of directors shall be deemed to include boards of councilors, grievance committees, and component county societies of ten members or less.

(3) *Service of Charge Upon Accused.*—If the Board of Directors determines that further action, with respect to said charges, shall be taken, the Board must within fifteen (15) days after such decision cause a copy of the charges to be served upon the accused by personally delivering a copy thereof to him, or by depositing a copy thereof in the United States mail, registered and addressed to the accused either at his last known office or at his last known residence.

(4) *Time and Place for Hearing—Service of Notice Thereof.*—The Board of Directors shall, at said meeting at which its decision to proceed is made, fix a time and place for a hearing of said charges. Written notice of the time and place set for the hearing shall be served upon the accused within fifteen (15) days by personal delivery or registered mail. The time so set for a hearing shall be not less than fifteen (15) days after the accused has been served, as aforesaid, with a copy of the charges and with the notice of the time and place set for the hearing; said hearing must be held within the county in which the accused holds his county society membership. The hearing before the Board of Directors must actually commence within six months from the date of the filing of written charges. Failure to comply with this requirement shall constitute an automatic dismissal of the charges.

(5) *Right of Accused to Answer—Time to Answer—Formal Requirements.*—The accused may, not less than five (5) days before the time set for a hearing, answer said charges. The answer shall be in writing and the original and three copies shall be filed with the secretary of the society, provided, however, that the failure of the accused to answer shall not be deemed to be an admission of the truth of the charges or a waiver of the accused's right to a hearing with respect to said charges.

(6) *Rules Governing Hearing—Duties of Referee of Society—Advice as to Procedure Only.*—The Board of Directors shall give ample opportunity both to the accuser and the accused to be heard in person and to present all testimony, evidence, or proofs which the accuser or the accused may deem necessary, provided that the Board may reject all testimony, evidence, or proofs which in the judgment of the Board are immaterial, irrelevant or unnecessarily repetitious. Neither the accused nor the accuser shall be represented by an attorney at law. The Board in its discretion may be represented by a referee, who, may, but need not, be a member of this Association, and who shall be appointed by the Council or Executive Committee of this Association, to advise the Board, the officers of the society, the accuser and the accused, with respect to procedure only. It shall be the duty of said referee to answer all procedural questions submitted by said persons and, on his own initiative, to call attention to any procedural errors.

(7) *Record of Proceedings—Shorthand Reporter Discretionary—Duty of Secretary to Preserve Record—Right of Accused to Copy.*—The secretary shall preserve the original of said charges with a certificate of personal delivery or of mailing of a copy or copies thereof, as the case may be, the original notice of the time and place set for the hearing with a certificate of personal delivery or of mailing of a copy or copies thereof, as the case may be, and the original of the answer filed by any member accused if an answer be filed. At the hearing, the Board of Directors may, in its discretion, and at the expense of the society, employ a competent shorthand reporter to record and transcribe into typewriting testimony adduced on behalf of the accuser and the accused. If the Board shall decide not to employ a reporter, then the secretary of the society shall be present and shall keep and prepare a summary of all testimony adduced. The original charges with certificate of service thereof, the original notice of time and place for hearing with certificate of service thereof, the answer or answers, if any be filed, all documentary evidence introduced at the hearing, the typewritten transcript of the testimony or the secretary's typewritten summary, and the written decision of the Board of Directors shall constitute the record of the entire proceedings. The secretary shall, upon receipt of a sum sufficient to defray the cost thereof, cause a copy of such record to be transcribed and furnished to the accused. The secretary shall keep such record and, in the event of an appeal to the Council of this Association, shall upon due request of its secretary transfer said record to the Council.

(8) *Decision of Board—When Must Be Written—Rules Governing Vote of Board.*—The Board of Directors, after having given the accuser and the accused member full opportunity to be heard, shall conclude the hearing and shall render its decision in writing not more than thirty (30) days thereafter. Hearing shall include any oral arguments and the filing of any written briefs. The Board of Directors by a two-thirds affirmative vote of all of the eligible members of the Board present and voting may exonerate or may censure, suspend or expel the accused member as the facts in its opinion may justify. The failure of at least two-thirds of all the members of the Board of Directors present and voting to agree upon the disposition of the charges shall act automatically as a dismissal of the same. No member of the Board of Directors not present at the said hearings for the entire time thereof shall be entitled to vote with respect to the disposition of the charges.

(9) *Suspension—Maximum Period—Status of Suspended Member.*—If the Board of Directors shall determine to suspend an accused member, the term of such suspension shall be within the discretion of the Board, provided that in no case shall a member be suspended for a period greater than one year. A suspended member shall have no rights or privileges in the society, provided that at the expiration of the period of suspension such suspended member shall not be reinstated to membership in good standing until he applies for reinstatement and pays all dues accrued during said period of suspension.

(10) (a) *Board's Decision—Secretary to Send Copies.*—Within ten (10) days after the decision of the Board of Directors, the secretary of the society shall transmit a copy of the decision of the Board to the accused member or members and to the secretary of this Association.

(b) *Board's Decision Final—Subject to Appeal.*—The action of the Board of Directors of a component society shall be final, subject only to appeal to the Council of the California Medical Association in such cases as are provided in these by-laws.

(c) *Technical Rules of Evidence Not to Govern Disciplinary Hearings.*—All hearings with respect to the disposition of charges against a member of a component county society shall be held and conducted in such manner as to

ascertain all the facts fairly to the accuser and accused, eliminating all formal or technical rules and requirements which ordinarily pertain to judicial proceedings.

(d) *Members Agree That No Cause of Action Shall Accrue*.—Any person so charged, censured, suspended, or expelled shall have no claim or cause of action against this Association, a component county society or any member, director, councilor or officer, thereof by reason of such charges, or the hearing or the consideration thereof or censure, suspension or expulsion therefor.

(e) *Expelled Members—Right to Apply for Membership—When Accrues*.—Any person whose membership has been involuntarily terminated in a component county society by reason of violation of these by-laws may apply for membership after the expiration of one year from the date said membership was terminated, and such application shall be considered in the same manner as a new application for membership.

SECTION 4. PROCEDURE FOR APPEAL TO COUNCIL

A member of a component county society censured, suspended or expelled by his county society may appeal from the action of such component county society to the Council of this Association within the period of two months succeeding the date of such censure, suspension, or expulsion. Appeals shall be in writing and be filed within the said period of two months in the office of the secretary of this Association. Upon the filing of an appeal the secretary shall present it to the first subsequent meeting of the Executive Committee or the Council. Appeals shall be heard by the Council only after reasonable notice in writing of the time and place of the hearing of the appeal has been given to the appellant member and the president and secretary of the component county society.

SECTION 5. RULES GOVERNING APPEALS

In hearing appeals, the Council shall review all questions of procedure and may, in its discretion, review the evidence contained in the record of the original proceedings held before the Board of Directors of the component county society. The Council may make findings of fact contrary to, or in addition to, those made by said Board of Directors. Such findings may be based on the evidence adduced before said Board of Directors, either with or without the taking of evidence by the Council. The Council may, for the purpose of making such findings or for any other purpose in the interest of justice, take additional evidence of or concerning facts material to the questions involved, or may, for such purpose, appoint a committee of its members or any notary public to act as referees or referee for the taking of such additional evidence.

Such referee shall render a report in writing to the Council, which report shall contain a clear statement of the facts found by the referee from the testimony or evidence adduced.

The Council shall use any lawful means which in its judgment will best and most fairly present all the facts involved.

The Council may affirm, reverse or modify the decision of the Board of Directors or make such other disposition of the proceedings as it may deem proper.

In every case of an appeal the individual councilors and the Council, through a committee thereof, prior to any hearing being held upon the appeal, shall exert all proper efforts at conciliation and compromise.

Neither the appellant member nor the component county society shall be represented by an attorney at law. This Association may be represented by its attorney to advise the Council upon procedural questions only.

The decision of the Council shall be final and bind the appellant member and the component county society.

Respectfully submitted,

W. W. Roblee, *Chairman*.

COMMITTEE OF FIVE*

Executive Group

William R. Molony, Chairman	
Harry H. Wilson	Robert A. Peers
Alson R. Kilgore	Rodney A. Yoell

To the President and House of Delegates:

The House of Delegates of the California Medical Association in session at Yosemite in June, 1935, voted to continue the Committee of Five, with instructions to complete the work and submit a final report at the meeting in Coronado in May, 1936. On July 24, 1935, a meeting of the Committee of Five was held in Los Angeles. This

* The Special Committee of Five was appointed to supervise a survey of California morbidity and mortality, and their estimated costs. (See July, 1935, issue, pages 57 and 60.)

meeting was attended by Dr. Paul A. Dodd, director of the survey, and Dr. F. C. Warnshuis, secretary of the Association. As a result of this meeting an agreement was entered into and signed by Dr. Paul A. Dodd and the officers of the committee, a copy of which is attached herewith. This agreement, in effect, sets out that the Association has discharged its financial obligation to the survey. That an audit by a certified public accountant has been made, that Doctor Dodd be advised that the survey be terminated and that no further expense be incurred.

That when the activities and work of the Committee of Five and its director are concluded it is understood that those records and charts that were secured through funds obtained from the State Emergency Relief Administration are to be transferred to the proper officials or representatives of the State Emergency Relief Administration in accord with previous agreements.

Secondly, that all the information, facts, details obtained through questionnaires and other investigations that related to doctors, dentists, hospitals, and relief agencies, shall be the property of the California Medical Association and at their disposal, and in accordance with the instructions and action of the Council of the California Medical Association.

It was further agreed that Paul A. Dodd will complete and submit five copies of all the findings of the survey, his conclusions, the recommendations of the Advisory Council of Economists, as a final report to be submitted to the chairman of the Committee of Five on a day not later than September 15, 1935.

That the director, Paul A. Dodd, will on that date, or before that date, make available all of the records of the survey to the Committee of Five for such disposition as the State Department of Health and the State Emergency Relief Administration and the Council of the California Medical Association may determine and direct.

That such material will be subject to the final disposition of these above-named parties and will be stored as they may direct.

That the director, Paul A. Dodd, hereby agrees and guarantees that he will not incur, contract or obligate the Committee of Five on behalf of the California Medical Association or the State Department of Health or the State Emergency Relief Administration for any further obligations or expenses after July 26, 1935, and that in the event that he should contract or incur any additional expenses, he hereby specifically agrees to assume personal responsibility for such expenses and to defray them from his own personal funds.

That, in accordance with the foregoing, the director, Paul A. Dodd, acknowledges and understands that his services as director of the survey, or as agent of the Committee of Five, or as agent of the State Department of Health, or as agent of the State Emergency Relief Administration, will terminate and be ended as of noon of September 15, 1935.

Thereafter the quarters occupied by the survey staff were given up and all material taken charge of by Doctor Dodd, to be used by him in the writing and compiling of his report to the Committee of Five.

On September 16, 1935, a copy of the report of the survey was sent to each member of the committee. A copy was also sent to each member of the Advisory Council. This report was far from complete and in no sense was satisfactory to the committee or the Advisory Council.

A meeting of the Committee of Five was held in San Francisco on November 24, 1935, for the purpose of considering the report of the director. After a thorough discussion it was decided that Doctor Dodd be asked to submit a revised report and to furnish the committee with the report of the members of the Advisory Council. It was voted that a review and report be made by a competent person having a broad medical background.

Following this meeting Doctor Dodd sent to the office of the Association in San Francisco the schedules and all other material relating to the information obtained from physicians, osteopaths, hospitals, and dentists. The schedules and other data obtained from approximately 25,000 families were retained by him on the theory that they were obtained through Government funds and did not, therefore, belong to the California Medical Association. This material properly belongs to the State Department of Public Health, as the agent of the Government, and

eventually will be called for through this agency. After many delays upon the part of the director in submitting the necessary final reports, the Council of the California Medical Association appointed an "accelerating committee," composed of T. Henshaw Kelly, E. M. Palette, W. W. Roblee, to join with the Committee of Five for the purpose of pressing forward to an early conclusion the final report and recommendations of the committee.

A meeting of the two committees was held in Los Angeles on February 23, 1936. A full discussion of the entire matter, from its inception to date, was had. The matter of supplementary and critical reports was gone into. Dr. John B. Canning of the Advisory Council had already made a critical review of the entire report and, it appearing that he had made an offer to Doctor Dodd to take over the revamping and revising of the original final report, it was decided that further time be given the committee and Doctors Dodd and Canning to work out a satisfactory solution of the problem.

The combined committee, therefore, submit this condensed report of progress and frankly believes that further time is needed to adequately and satisfactorily digest the material on hand, to the end that finally a report may be submitted to this House that will fairly reflect the situation in California.

Respectfully submitted,

William R. Molony, Sr., *Chairman.*

SPECIAL COMMITTEE ON A QUALIFYING CERTIFICATE (BASIC SCIENCE) LAW

George H. Kress, General Chairman
Morton R. Gibbons, Chairman (for Bay Region)
Edward M. Palette, Chairman (for Southern California)
Junius B. Harris, Chairman (for Remainder of State)

To the President and the House of Delegates:

Much to the regret of the Council and its special committee, it has not been possible to proceed, as had been planned, with the initiative providing for a qualifying certificate (basic science) law, which it was proposed to place on the State election ballot of November of the present year. The amendments to the California registration laws passed by the last legislature made doubtful the securing of the minimum of 186,000 valid and duly certified names of voters, with precincts, in time to be properly attested to the Secretary of State at least 110 days before the November election. The present plan is to submit the law as an initiative statute on the 1938 State election ballot.

The reasons why a qualifying certificate law passed by the legislature would be of little or no value have been given in previous reports of your committee. The entire subject was also considered in some detail at the Conference of County Society Secretaries held in San Francisco on January 18, last, and presented on page 221 of the March issue of CALIFORNIA AND WESTERN MEDICINE. Attention is also directed to the remarks of Dr. Junius B. Harris (printed on page 223), in which he points out some recent cultist legislation enacted in Arizona, from which source danger may be apprehended through the custom of reciprocity in case a similar law should be passed by the next California legislature. It will indeed be a surprise if such an effort is not made at Sacramento next spring. However, if cultist licensure legislation of a type so inimical to public health interests can be prevented at the next legislative session, then with careful planning the proposed initiative law for 1938 should not only be a probability, but become a fact. Your special committee, which has had the proposed measure under careful consideration for almost ten years, believes that the revised draft of the law submitted to the Council (the major provisions of which have already been outlined in reports and editorial comments in CALIFORNIA AND WESTERN MEDICINE) is a measure adapted to the needs of California, and one that will receive the hearty approval of the electorate of our State. Your committee, therefore, asks continued interest and support until the measure finds its place on the statute books of California.

Respectfully submitted,

George H. Kress, *Chairman.*

COMMITTEE ON SAN DIEGO EXPOSITION EXHIBITS

Executive Group

Clarence G. Toland, Chairman	John C. Ruddock
W. W. Roblee	Robert A. Peers
Fred B. Clarke	Frederick C. Warnshuis
Edward M. Palette	

To the President and House of Delegates:

Your committee on the scientific exhibit at the California Pacific International Exposition at San Diego is respectfully submitting to you, by your instructions, an analysis of what has been accomplished at the Fair.

Your committee is very grateful to Dr. William H. Geistweit, Jr., as Medical Director of Exhibits. He has worked unselfishly during the last three months, even to the detriment of his personal business. Men who have this enthusiasm are few. He has felt that this opportunity has been given to the regular medical profession in order that the public may better understand the problems which we encounter while administering to the sick. Also, that it is a triumph for regular medicine to exhibit the advances in medical sciences in a dignified way.

Your committee is just as enthusiastic in its thanks to the other members of the committee of the San Diego County Medical Society, and especially to Dr. Lyle C. Kinney. He also has given his time freely and with only one thought, that our "show" must be a success.

Attached hereto is the report from the committee of the San Diego County Society, that you may read it in full and so understand the difficulties encountered.

All the exhibitors were contacted by letter, telegrams, telephone, and many personally. The San Diego County Society committee has put us over the top, even though at times it seemed impossible because of lack of time. The work was done within three months, while other expositions or fairs have had one to two years to do the same thing.

We wish to thank all the exhibitors at this Fair for their contributions. We realize fully how difficult it has been, and hope that the next time they are called upon for similar assistance ample time will be given to them to avoid the many pitfalls that develop in assembling their exhibits.

Dr. John C. Ruddock has suggested that, because of the experience gained during the preparation of this scientific exhibit, the following plan be adopted for future reference:

1. That a planning commission be appointed by the Council of the California Medical Association.

(a) To adopt a theme or plan of exhibits.

(b) To determine the kind of exhibits, both commercial and otherwise, to fit the plan.

(c) To draw up blueprints and plans to be submitted to exhibitors, who will conform with requested policies of exhibiting.

2. That a committee on exhibits be appointed to effect the plans of the planning commission.

In order that such a scheme be put into effect, it is necessary that sufficient time be allowed in order to contact the various probable exhibitors.

Respectfully submitted,

Clarence G. Toland, *Chairman.*

1 1 1

The following report was received from the committee of the San Diego County Medical Society. This report was written by Dr. Lyle C. Kinney.

To the President:

The California Pacific International Exposition at San Diego now presents as a major educational feature the Hall of Medical Science, sponsored by the California Medical Association and the San Diego County Medical Society.

The Exposition Company has provided the most beautiful and best-located building in the Park, and they have given the sponsoring committees unlimited and whole-hearted coöperation throughout the assembling and installation of the exhibits. The entire building is under the control of the committee of the California Medical Association, and all exhibits have been selected and approved by that committee.

In spite of the seemingly impossible task of assembling a medical exhibit in two months, the generous support of national and state societies, and of many California institutions, has produced a Hall of Medical Sciences that is interesting, instructive, and a credit to the medical profession.

The building was opened March 7, with about 60 per cent of the material in place, but so arranged as to give the impression that it was nearly complete. The formal opening on March 28 should show a well-balanced display of the message of modern medicine.

The exhibits in place on the opening day were furnished by the following organizations:

The American Medical Association.
California Medical Association—Institute of Public Health and Ivy Exhibit.
American Society for Control of Cancer.
California Tuberculosis Association.
Department of Public Health of California.
Board of Medical Examiners of California.
Pacific Coast Society of Obstetrics and Gynecology.
Los Angeles Maternity Service.
Los Angeles County Health Department.
E. H. Angler Society of Orthodontists.
Chicago Roentgen Society and Pacific Roentgen Club.
University of California Hospital.
General Electric X-ray Corporation.
California Dairy Council.
Automobile Club of Southern California.

An exhibit of human pathology, assembled by Dr. Alvin G. Foord, with the following organizations contributing:

School of Medical Evangelists.
Los Angeles County Hospital.
Pasadena Hospital.
Stanford University Medical School.
University of Southern California Medical School.

An exhibit on the care of the crippled child, furnished by the Los Angeles Orthopedic Foundation, Los Angeles Children's Hospital, Crippled Children's Society of San Diego, and the American Physiotherapy Association.

The following organizations have made valuable contributions, and have loaned special features that have been included in the above exhibits:

Los Angeles County Hospital.
San Diego County General Hospital.
San Diego Museum of Natural History.
San Diego Zoological Society.
Department of Obstetrics and Gynecology, University of Southern California.
Reif Research Laboratories.
Cutter Laboratories.
Westinghouse X-ray Corporation.
Eastman Kodak Company.
Parke, Davis & Company.

Exhibits are being prepared which have not yet been installed, as follows:

University of Southern California, College of Dental Surgery.
San Diego County Health Department.
Stanford University Department of Medicine.
United States Naval Hospital.
Plastic Surgery, loaned by Dr. H. L. Updegraff.
Reconstruction Surgery, loaned by Dr. Arthur Smith.
United States Navy.
Max Woelcher and Son Company.

The San Diego County Medical Society has furnished a modern office reception room, where visiting physicians and their families may register, receive mail and telephone calls, and which may be their headquarters while in San Diego.

The Hall of Medical Science contains the finest auditorium in the Exposition, which will be devoted to scientific lectures and motion pictures. The committee will welcome information as to speakers, who will be available for this program at any time throughout the Exposition.

At the onset of this project, the committee selected the retiring president of the San Diego County Medical Society, Dr. William H. Geistweit, Jr., as director of medical exhibits. The enormous amount of work and details

in the preparation of the exhibit has fallen upon him and his office, and the success of the undertaking is due to his untiring efforts and his ability and courage in conquering insurmountable obstacles. The committee is deeply indebted to Mr. Phillip Gildred, managing director of the Exposition, and to Mr. Phillip Van Dusen, in charge of construction and installation, for their constant help and cooperation, without which the exhibit would have been impossible.

The San Diego committee desires to congratulate the committee of the California Medical Association on the many valuable exhibits they have obtained, and to express sincere gratitude and appreciation for their unflinching support and encouragement.

Committee of the San Diego County Medical Society: B. F. Eager, president; W. C. Crabtree, secretary; J. F. Churchill, W. W. Crawford, T. O. Burger, M. C. Harding, Alex. Lesem, and L. C. Kinney.

COMMITTEE ON SCIENTIFIC EXHIBITS

Executive Group

John C. Ruddock, Chairman
W. A. Morrison Gertrude Moors
Rawson J. Pickard Harold A. Fletcher

To the President and House of Delegates:

The listing in the scientific program, as published, of the exhibits to be displayed at the annual meeting of the California Medical Association at Coronado, summarizes the work of this committee. Your committee wishes to call attention to the fact that more members of the Association are applying for space to exhibit scientific material than in former years.

The committee has passed upon the applications submitted to them as regards the desirability of the various exhibits at our annual meeting.

Your committee feels that wide publicity should be given the members of our Association through the JOURNAL, in order that more exhibits be given at our annual meetings, thus relieving the sections from large numbers of papers, and making it easier to find satisfactory auditoriums to accommodate our meeting.

It is recommended that the Council urge the members of the Association to apply for exhibits of subjects and material in lieu of papers, and also that the Council of the California Medical Association urge the various section officers to conform with this principle.

Your committee tenders its appreciation to those members who are contributing to the success and value of this program by exhibiting scientific material at this meeting.

Respectfully submitted,

John C. Ruddock, *Chairman*.

COMMITTEE ON SCIENTIFIC SECTIONS

Executive Group

Morton R. Gibbons, Chairman
Lowell S. Goin Lemuel P. Adams
John C. Ruddock F. F. Gundrum

To the President and the House of Delegates:

This committee was directed to devise a plan, or plans, for submission to the Council and the House of Delegates by which the multiplicity of scientific sections and meetings at the annual convention would be limited, and at the same time more members be enabled to hear more papers, and the general practitioner have the opportunity to follow a more diversified program than at present.

Plans are under consideration. Report will be presented at Coronado.

Respectfully submitted,

Morton R. Gibbons, *Chairman*.

COMMITTEE OF SIX ON HEALTH INSURANCE

Executive Group

T. Henshaw Kelly, Chairman
Walter B. Coffey J. B. Harris
Joseph Catton Fred DeLappe
E. T. Remmen

To the President and House of Delegates:

This committee, created by the special session of the House of Delegates at Los Angeles on March 3, 1935, reported to the 1935 annual session of the House at Yosemite, 1935 session.

Following this annual session, and pursuant to the instructions of the House of Delegates contained in Resolution No. 9, the committee returned to its duties and, finding that the 1935 legislature was in no mood to pass a health insurance act satisfactory to the physicians of California, or perhaps any act at all, it agreed, after consultation with the sponsors of the proposed act, to the legislative death of the bill in both houses of the legislature.

Each house appointed an interim committee to continue the study of the costs of sickness in California, with instruction to report to the 1937 legislature.

The committee, its advisory committee, the general counsel of the Association, Hartley F. Peart, his associate, Howard H. Hassard, and John B. Canning, professor of economics at Stanford University, the advisor to the committee, spent many days and nights in the preparation of the bill and in consultation with the Senate Interim Committee on the original bill and proposed amendments thereto. The members of the Committee of Six, Professor Canning, and Messrs. Peart and Hassard, spent practically their entire time on the work of the committee from March 16 to April 12, at which time the bill was included in the report of the Senate Interim Committee.

It became necessary, at the urgent request of the Senate Interim Committee, for members of the Committee and Professor Canning to spend much time at Sacramento, and in order that the instructions of the House of Delegates be properly carried out and that the California Medical Association not appear before the legislature as a house divided against itself, the committee felt it imperative that the members of the California Medical Association should be kept informed of the character of the bill and the changes occurring therein as it was handled in the legislature.

To that end, letters and a copy of the bill as introduced were printed and sent to each member of the California Medical Association.

Professor Canning's services were indispensable to the committee, and his knowledge of the tax laws and his early acquisition of the importance of the physician's special knowledge and point of view were crucial in obtaining any medical representation in the proposed plans. From March 16, the first meeting of the Committee, to May 18, 1935, the day of the appointment of the Interim Committees, Professor Canning spent over sixty full days and many nights at the service of the committee.

With the adjournment of the 1935 legislature the duties of the committee ceased, and it presents this report as a supplement to its report to the 1935 House of Delegates at Yosemite. A summary of the expenditures of the committee is appended hereto.

In closing this report, the committee, as a result of the experience gained in the 1935 legislature, would like to state that in its opinion the time for compulsory health insurance of a satisfactory type has not yet arrived in California.

When, and if, the time comes that health insurance is imminent, the Association should be a collaborator, to the end that the system enacted into law will provide the maximum of benefit to those included in its provisions and the greatest promise of the development of fine medical service by the profession in California.

COMMITTEE OF SIX

Statement of expenses as of December 31, 1935

May, 1935:

James H. Barry Company, circular letters.....	\$ 569.62
Traveling expenses—Committee members.....	159.59
Stanford University Press—S. B. 454.....	507.37
Legal Services	2,998.72
Professor J. B. Canning.....	1,550.00
Telephone	5.01
Expenses of Committee members at Sacramento, March 16, May 16, 1935.....	495.88
	<u>\$6,286.19</u>

Respectfully submitted,

T. Henshaw Kelly, *Chairman*.

COMMITTEE ON TAX SUPPORTED HOSPITALS AND MEDICAL CARE

Executive Group

Axel E. Anderson, Chairman

Louis A. Packard

Earl E. Moody

To the President and the House of Delegates:

Pursuant to a resolution adopted by the House of Delegates at the Yosemite meeting in 1935, a committee was appointed to investigate tax-supported medical service and hospitalization, and to make recommendations concerning them. County hospital problems, as affecting the membership of the California Medical Association were considered the main object of this investigation, so the committee has concerned itself entirely with such hospitals.

Prior to the end of the World War, our county hospital problems were unimportant. Since that time they have had a mushroom growth, keeping pace with the insidious and rapid increase of county hospital service.

From 50 to 90 per cent of the medical and hospital care is now being rendered in many counties at taxpayers' expense. The resultant loss of practice has impoverished many of our members and deprived others of their rights and opportunities to earn a decent American living.

A planned effort to make county hospital service as attractive as possible is apparent. To remove the stigma of hospitalization at a charity hospital, the name of the institution would be changed, so instead of "County Hospital" we now have the "General Hospital."*

A very important factor in the increase of county hospital problems is the more general recognition of the value of the political patronage connected with the control of such institutions. The milk of human kindness has suddenly replaced the blue blood of the politicians, and the supervisors in charge of the county hospitals have become the great benefactors of the sick by making it easy to get the hospital service. This is being done in some instances quite regardless of the laws governing admissions, and any patient may enter some hospitals even if he is quite able to pay for private hospital care.

The recent economic depression and the paternal attitude of the Government, which have fostered dependency on governmental agencies for the care of personal needs, have vastly increased the demands for free service and county hospital activities.

In some localities the abuse of county hospital service is traceable to a few members of our profession. Selfish motives have caused these few to jeopardize or sacrifice the interests and welfare of the other physicians of the community. Your committee has several times received the report that the county hospital doctors are using the county institutions to hospitalize their private patients at public expense while excluding the other physicians of the place from this privilege. This problem needs attention. . . .

Another problem is the activity, political and otherwise, and the declared purpose of some large organizations, such as the Farm Bureau, to open the county hospitals to everyone, and secure medical-service conditions similar to those in Kern County.

When your committee met and surveyed its task with its many complicated problems, it became quite evident that, considering the time and means allotted, the investigation would necessarily be incomplete.

It was decided that much of the required information could be secured from correspondence and questionnaires. After such information was secured, personal visits were made and conferences held with representatives of ten counties. We felt that the information gained from the questionnaires was very valuable, and, in most cases, complete. Thirty-one counties assisted the committee. Many of these questionnaires were answered so completely that no further study was necessary in those counties from which they came.

Tabulations of the information gathered are presented for the thirty-one counties listed. Fortunately, county hospital difficulties are not present everywhere throughout the State. A map of California in which the counties are blocked off to show trouble with the county hospitals in one way or another, reveals the interesting fact that the entire San Joaquin Valley, with the exception of Fresno County, may be considered in difficulties. San Francisco

* The periods indicate that this portion of the report will be made verbally to the House of Delegates, at Coronado.

County is practically surrounded by trouble areas, with some extension to the Coast and the Sacramento Valley. The territory covered by these counties is large, but the population relatively small. The counties considered to be in trouble have a combined population of approximately one million as against five million in other parts of the State considered free from serious difficulties. No definite statement, of course, can be made as to how long this ratio will continue. A study of the tabulation presented with this report shows:

1. . . . *There is no uniformity of methods of operating the thirty-one hospitals listed.*

Probably some time in the dim past a lay board set up rules for the management of county hospitals and the supervisors responsible adapted these rules as they understood or desired them. In a few instances there exists an advisory board to which the supervisors may look for directions for operating the county hospital. The tabulation reveals the fact that these hospitals are the best-managed county hospitals in the State. Their admission rates are low, and political influence is largely eliminated. However, it should be mentioned that the advisory board, unless operating under a charter which specifies the functions of such a board, cannot dictate to the supervisors, and the supervisors are not legally empowered to delegate authority to such board.

2. . . . *In a majority of counties, no harmony or co-operation exists between the medical profession and supervisors.* Medical men are not asked for advice, and the supervisors do not accept it when offered.

In several counties there has been an open break between the supervisors and the profession. In only eleven counties, including four with advisory boards, have the supervisors asked for advice on medical and hospital matters. Generally in the counties in which least harmony is found, the county hospital situation is at its worst.

3. . . . *There is too much hospitalization with consequent waste of taxpayers' money.* The normal yearly admission to all hospitals in the United States is 66.6 per thousand population. Three county hospitals in California admit more than this figure to their own institution. In one county, if private hospitals are added, it gives the county almost double the national rate. Unnecessary and prolonged hospitalization occur, especially in hospitals having a part-time paid staff. The staff may be too busy with private practice to give prompt attention to the county hospital patient. Many counties are operating in an efficient manner, but it is difficult to reconcile an admission rate of less than 10 per thousand in one county, and 80 per thousand in another.

4. . . . *There is no standardization or uniformity in methods of what is considered a basis for admission.* In only a few counties are trained medical social service workers employed. In only four counties is a specific system used. Blanks to be filled out by applicants vary from a complicated form to none at all. In some instances only a card from the supervisor is necessary. In the out-patient clinics the same variations are shown, but, in addition, some of these clinics accept all applicants, and no questions asked. Abuse of emergency admissions is frequently reported. Maternity cases are often found admitted as emergencies, with the emergency admission planned months previously by the patient.

The sincerity of efforts to confine admissions to indigents is fairly evenly divided pro and contra.

5. . . . *The administrative director of nearly half of our county hospitals is a part-time physician, who devotes as much, or more, time to his private practice as to the hospital.* From information gained by personal conferences, your committee believes that private patients are hospitalized by some of these men at public expense, and fees are collected for services. These fees may be charged for as office examinations or home care after leaving the hospital, as a substitute for a surgical fee. This practice permits the county hospital doctor to offer free hospital service, and creates an unbearable situation for the doctor who is excluded from practicing at the county hospital.

Some of these medical directors are paid a salary sufficient to secure excellent full-time service, and their competition in private practice seems unfair, unjust, and unnecessary.

6. . . . *Only twelve county hospitals are recognized for interne training.* The lack of standardization of management, service, records, etc., and possibly some of the

undesirable conditions already mentioned, keep these hospitals from recognition for internships. Some of these hospitals must hire residents at high salaries to carry on their work with, of course, added cost to the taxpayer.

7. . . . *Part-pay plans have been instituted in a few counties.* This service, proposed by county medical societies to provide care for patients not admissible to the county hospital, but deserving care at less than usual fees, deserves more general adoption. In many counties such plans have been proposed, but have been ignored or rejected by the supervisors.

This part-pay method should not be confused with the attempt of some county hospitals to collect from certain patients believed able to pay something for their care. We use the word "attempt", advisedly, because the collections are very inconsiderable when checked against the cost of operation. Collections are seldom enforced by the county legal department.

8. . . . *Private hospitals in the counties tabulated, with few exceptions, could amply care for all but strictly indigent patients.*

9. . . . *Out-patient clinics conducted in connection with county hospitals are an unfair competitor of the physician's office.* Many have no social service investigation and, frequently, where such service is carried out it is quite inadequate. The maintenance of these clinics means a great increase in the cost of the county hospital service. One county with one hundred out-patients per day reports an operating cost of \$16,000 a year.

COMMENT

The reduced economic conditions of the people of California greatly increased the proper use of the county hospital service during the recent years of depression. We believe that many boards of supervisors made honest attempts to meet the decreased ability of self-respecting people to provide needed care. A larger part of the increase was the care of families on relief, or families whose circumstances would undoubtedly classify them as indigents according to the recent Appellate Court decision. The needy throughout the State as a whole were cared for by the counties in a commendable manner.

Continuing this care after these people have improved their circumstances is unfair to the taxpayers, the medical profession, and the patients themselves. Good citizenship is not built upon doles and gratuities, and the chiseler attitude is easily developed. Neither can we condone the attitude of a board of supervisors ordering the admission of patients known to have substantial resources, or patients who are county employees with good salaries or, in some instances, the supervisors themselves and members of their families.

The baneful effect of political influence in county hospital affairs is best illustrated by the situation arising in one county in which the supervisors insisted that the medical profession care for this class of patients without remuneration. When the staff of unpaid doctors of the hospital refused to comply, it provided the opportunity for a few physicians to take over the hospital service and begin the practice of using the county hospital for their own gain, and with the protection of the supervisors to maintain their position over the protest of the profession.

The care of the poor has long been the burden of the physician. The physician has not been expected to ask for remuneration. As early as 1766, the oldest medical society in America (New Jersey) put into its constitution, "As we separated ourselves to an office of benevolence and charity, we will always most readily and cheerfully, when applied to, assist gratis, by all means in our power, the distressed poor and indigent in our respective neighborhoods, who may have no legal maintenance and support from their county; but where such legal provision takes place, there we shall expect a reasonable reward from the particular town or county in which such poor may belong." It is our opinion that this sound statement of the case might well be applied to the present situation, provided all members of the medical profession would act uniformly. In this connection, we are reminded that we are working under a code of ethics. An opinion was expressed recently by one member of a county society, when questioned in regard to his county hospital activities, that the county society was for the purpose of hearing scientific papers and it was none of their business how he conducted his private practice. May we again refer to the

state of New Jersey, where its president, Dr. William Elmer, stated in 1860: "We are ethical because we are on duty and need the drill and decorum of a well-equipped corps, and need that stragglers and deserters be kept outside the lines in order that we may do the most good and effective service for the public weal."

It is very apparent from information gained in this investigation that our Legislative Committee is again to be taxed to its utmost in the next session of the legislature. It is too early to predict just what the nature of the next attack will be. It will depend somewhat on the final determination of the force and effect of the recent ruling of the Appellate Court. At the present time it appears most probable that the *open county hospital proponents* will attempt an initiative, aided by the Farm Bureau, Grange, and certain Union Labor elements. How much effect the argument to the taxpayer on costs will have is problematic.

A phase of the county hospital situation which is worthy of serious thought is the great amount of obstetrical work being done in these hospitals. It is apparent that in many counties from 50 to 66 2/3 per cent of all babies are being born in county hospitals. Visualization of the future gives us, therefore, a people the majority of whom are county-hospital born. It means an electorate within a reasonable term of years controlled by those born in the county hospital. It is not hard to see what the future may bring if this condition continues to prevail.

SUMMARY

The outstanding facts of the county hospital situation, as secured by your committee from personal observation, correspondence, questionnaires, and other information gained from members of this Association in different parts of the State, have been given months of serious consideration by your committee, and may be briefly stated as follows:

1. In thirty-one counties studied, there are thirty-one different methods of running a county hospital.
2. Even those counties with advisory boards show considerable variations although the results are all good.
3. It is very evident that in many counties there is too much hospitalization.
4. Waste of the taxpayers' money is wanton in some instances, and very evident in others.
5. A big portion of the State is rapidly becoming county-hospital minded.
6. The question of who is eligible for county hospitalization has an alarming variation throughout the State.
7. Very few counties make a definite study, from a medical standpoint, as to a patient's eligibility.
8. The admission of so-called liability and compensation cases is increasing.
9. Politics is rampant in many counties, and supervisors will take advice only from medical men who will agree with them.
10. A few medical men have sold out their profession for their own gain.
11. There is no doubt that the political use of the county hospitals is the most pernicious of all factors encountered.
12. There has been either a lack of desire or will on the part of some county society members to back up the society in efforts to resist abuses, or a lack of energy in this direction on the part of the component society as a whole, in several counties.
13. The rapid increase of support of the supervisors by lay organizations has been secured in a large part by half-truths, misstatements, and political ruses.
14. The amount of taxes paid by the private hospitals to the county exceeds the sum total of money collected by county hospitals for so-called pay-patients in nearly all counties.
15. Adequacy of service is a secondary consideration with a majority of prospective patients seeking county hospital service.

Whether the taxpayer will or can stem the tide is a question. Taxes to support county hospitals have increased as high as 1200 per cent in the space of a very few years.

It is the opinion of this committee that if the full control of county hospitals were removed from the supervisors, county hospital agitation would cease in a very short time.

Mention has been made of personal conferences held with representatives of ten counties. With three exceptions, these counties were seriously affected by their county hospital troubles.

Tabulations of questions answered by thirty California Medical Association members from these counties follow:

Ten Counties	No	Yes
1. Does any of the fault for the present situation lie with members of the county medical society?	3	7
2. Does fault lie with supervisors and politics?	2	8
3. Reasons why supervisors and medical profession do not agree	4 none	6 political
4. Are elements outside of supervisors responsible for supervisors' position (eight farm bureau and allied situation)?	2 none	8
Worst feature of entire situation?	Political control	

RECOMMENDATIONS

1. Since our county hospital problems are obviously the result of factors from within the medical profession itself, together with outside influences, it is recommended by your committee that each county immediately take steps to eliminate these factors of trouble within its own ranks. Failure to face this matter in a fearless manner may lead to disastrous results for our entire membership.

2. Since our present laws vest the supreme control over county hospitals in boards of supervisors composed of lay individuals, ignorant usually of hospital needs and management and who often use this control to gain political power, and considering further that making a political football out of the county hospitals has in several counties resulted in inadequate care of the sick entitled to proper care at the county hospital, it is unanimously agreed that to remedy this situation it is necessary to eliminate politics and the present method of control by supervisors.

The election of supervisors friendly to the medical profession and willing to accept advice is hopeless in many counties and, if possible, would be a recurring battle every two years. Your committee, therefore, unreservedly recommends that an attempt be made to secure *centralized control* of all hospitals in the State. We recommend that a *state control* board be given the authority to regulate hospitals, and that each county operate under an *advisory board* appointed by and subject to the State board. This can be accomplished by amending the present public health law, vesting hospital control in the existing State Board of Health, thereby avoiding the creation of a new department or board.

It is further recommended that (a) the details of such a plan be worked out by the Council of the California Medical Association and its Legislative Committee; (b) it be left to the discretion of the House of Delegates whether the attempt be made through the legislature or by an initiative act; (c) that this matter should be given preference and first consideration by the Council and House of Delegates over other legislative and initiative problems.

3. It is recommended that each component society of the California Medical Association be thoroughly educated as to the county hospital situation *throughout the State*, and that they further be informed on the matter of the present legal status and that the assistance and support of the California Medical Association, from a legal standpoint, be assured such component societies if necessary.

4. It is further recommended that each component society attempt, through direct or indirect conferences, to secure the coöperation of the boards of supervisors of their respective counties, and that, where it is possible, friendly adherence to the Appellate Court decision be secured.

5. It is recommended that detailed study of this problem be continued, either (a) through a continuation of a committee provided with sufficient funds; (b) by a committee assisted by a part-time director; or (c) a committee acting with a full-time director.

Since it seems to be very essential that a definite county hospital policy be developed, and in order that all component societies be united, a tremendous amount of work will be necessary. Only thirty-one counties participated in this investigation. Many not reporting are known to be in difficulties. This is further evidenced by the fact that many unreported counties are listed as *amici curiae* of the Kern County Supervisors in the appeal to the Supreme Court. It is most essential to the welfare of the

California Medical Association that there be no division of opinion on the county hospital problem in the medical profession of California. A well-defined program with unanimous support is absolutely essential to prevent a more chaotic situation than now exists.

6. Voluntary hospital insurance as provided by Senate Bill 246, will not, in the opinion of your committee, satisfy the demands for free service, but it is our belief that it will have some favorable effect. We, therefore, recommend the promotion of hospital insurance service as freely and soon as possible.

7. It is recommended by the committee that the House of Delegates shall express its desires in reference to recommendations 2 and 5. In the consideration of both, the committee wishes to especially bring to the attention of the House of Delegates the vital necessity of adding a great deal of information to that already gathered, and whether or not an initiative is attempted such information as may be gathered will be a determining factor in the ultimate outcome if properly prepared and used. In considering the initiative the committee believes a plan can be worked out to secure the required signatures for a fraction of the estimated cost (\$35,000) of the basic science petition. In the consideration of both of these recommendations it is a matter of fact that the recent Supreme Court decision was a decided spur to our opponents, who have been securing signatures to the following petition for several weeks. It proposes a constitutional amendment as follows:

"The governing body of any city, county, or city and county, is hereby authorized and empowered to establish and maintain therein a hospital, or hospitals, to provide rules and regulations for the proper management and the appointment of the necessary officers and employees thereof, and said governing body shall make rules and regulations governing the admission to, and the care, as patients in said hospitals, of any citizen of the United States who is a resident of said city, county, or city and county, whether such persons be indigents or non-indigents, and may in said rules and regulations establish the rates or fees to be charged each non-indigent patient for services rendered and supplies furnished to such non-indigent patient in such hospitals."

The committee would like to quote Mr. Alfred Siemon, the attorney in the Kern County case, who has a valuable fund of information on the county hospital situation from the legal and political side. Mr. Siemon says:

"Since this question of public hospitalization is going to have to be fought out before the people, now, perhaps, is as good a time as any. During the next two or three years there is bound to be a strong reaction against further extension of governmental services, and it is going to be very difficult to add anything more to the public burden. The proposed initiative constitutional amendment, petitions for which are now being circulated, would authorize large-scale commercial hospitalization by counties. It would afford the pretext for the supervisors to build extensive new county hospitals, to fill them full of modern equipment, and to add hundreds of people to the public payroll. Supervisors would be wholly unable to resist the temptation which would thus be dangled before their eyes to embark upon enormous spending campaigns for the building and maintenance of new public hospitals. That will clearly appear the way the matter is now being presented by the Initiative; and people are very readily seeing that the governmental structure will not stand the strain. This may be another case where the greed of public officers will be the most convenient means of defeating their object." . . .

"Your state society and each county society should make a study of county hospitalization. The decision in *Goodall vs. Brite* shows very clearly that the costs of county hospitalization should be figured on the same basis as the costs in private hospitalization are figured." . . .

"It is also clear, from the decision, that the cost of operation should be computed on the basis of people actually hospitalized, as distinguished from the care of aged people; and that it is not a proper method to attempt to determine the cost of county hospitalization by including the inmates of old folks' homes for the purpose of bringing down the average. It is almost certain that it will be

found that county hospitals cost more than private hospitals when figured on the same basis." . . .

"In one of my radio talks I made such a computation in regard to the Kern General Hospital and showed that the cost per patient, properly figured, would run around \$7 per day. Data of this kind, gathered from all over the state, would prove to be excellent campaign material in the coming contest of the Initiative." . . .

"The decision in *Goodall vs. Brite* is now final, and the literature will be filed soon. Whether the supervisors will attempt to ignore the decision is uncertain; but I think they will give us trouble. There is enough uncertainty arising out of the decision of the Appellate Court to make it difficult to secure anything like a clear dividing line between those who should and those who should not be admitted. It is probable that we shall have to resort to contempt proceedings against the Board." . . .

In regard to the proposed constitutional amendment, Mr. Siemon says:

"This means commercial hospitalization by the counties and the total extinction of all private hospitals and of all private treatment of the sick. Make no mistake about that. You boys will have to fight as you never fought before if the private practice of medicine is to continue in this State; but with proper organization and effort you can doubtless settle the thing favorably for many years to come."

Every member of the California Medical Association should read and study this petition, especially that portion which says:

"And may in said rules and regulations establish the rates or fees to be charged each non-indigent patient for services rendered." Note particularly this does not specify hospital services.

In this proposed constitutional amendment we have the most vicious form of State medicine ever proposed, which, if passed, means the practical extermination of every private hospital and every private practitioner of medicine in every county in which it is put in effect.

In submitting this report to the House of Delegates the committee wishes to thank the officers and members of the component societies who have so kindly and thoroughly aided in the work.

Respectfully submitted,

A. E. Anderson, *Chairman*.

VI ADDENDA Resolutions

Introduced by M. R. Gibbons, Sr., Councilor.

Subject: *Board to Review Medical Testimony*.

WHEREAS, Court and Compensation Board hearings reveal an increasing amount of testimony given by licensed physicians and surgeons that is not based upon scientific facts or in accord with accepted opinion and practice; and

WHEREAS, Such testimony, often warped intentionally in an effort to support an attorney's declaration, brings discredit to the entire medical profession, and contributes to the miscarriage of justice and at the same time encourages initiating suits that are without merit; therefore, be it

Resolved, That the House of Delegates authorizes the appointment of a state committee on review of medical testimony, composed of five members, and that such committee shall act in a consultant, advisory, and assistant capacity to similar county committees; and be it

Resolved, That the Council shall instruct each county society to appoint from its members a board to review medical testimony charged with the following:

1. To review all medical testimony given before courts and compensation boards in the county.

2. To call in any member whose testimony before a board or court is not in accord with scientific facts, accepted opinions and practice, for the purpose of discussion and preventing repetitions of such discredited opinions and testimony.

3. To, when facts and acts warrant, report such expert witnesses to the proper committee of the society with recommendation that disciplinary procedures be inaugurated against the member who has given questionable testimony and opinions.